

**WHAT IS THE NATURE OF THE THERAPEUTIC ENCOUNTER IN
AN ADOLESCENT PSYCHOTHERAPY GROUP?**

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AN ADOLESCENT PSYCHOTHERAPY GROUP?**

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ABSTRACT

This study takes as its subject the clinical work with 7 older adolescents who attended for once-weekly psychoanalytic group psychotherapy, and focuses retrospectively on the first 15 months of this intervention, in which the researcher was a co-therapist. The clinical process notes formed the data set.

The starting point for this thesis is our conception of an inherent, developmental relationship to groups, and to the intersubjective relating that exists in human beings. It then moves on to the psychoanalytic thinking about groups and the emotional disturbance that emerged during World War II found in the work of WR Bion and SH Foulkes. It further examines literature on adolescence as a developmental process, adolescent breakdown, and the particular psychosocial risks and challenges of later adolescence.

The intrinsic complexity in the data precipitated initial conceptualisations – for example, borrowing Foulkes' notion of figure-ground - to help apprehend the material. Then, using a form of Grounded Theory, the data set was examined methodically. This evidenced how members brought complex, changing constellations of feeling, and mental and bodily states to the group. Analysis revealed relational and developmental predicaments which would interweave inter-relationally at both conscious and unconscious levels.

Using both narrative and tabular forms of presentation, it is demonstrated how this shared, multi-dimensional matrix of

relationship and communication created the bedrock of the group therapeutic encounter. Emotional and psychological growth developed in the context of members' capacities to bear emotional knowledge, and hold emotional states over time as individual preoccupations became less pressing within a heuristic relational encounter within the group. This conferred to the group the qualities of Bollas' 'transformational object', while the matrix itself linked with Stern's primary intersubjective matrix. It is suggested that group psychotherapy has much to offer young people whose relational and psychosocial struggles can be explored in the safety and stability of the clinical group setting.

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Contents

<i>Abstract</i>	iii
<i>Introduction</i>	xii
<i>Thinking about the group, adolescence, and the research</i>	xii
 <i>1. Literature Review: Adolescence and</i>	
<i>Psychoanalytic Group Therapy</i>	1
Introduction	1
The significance of groups	1
Why group therapy with adolescents?	4
Adolescence: development, subjectivity	
and mental health	4
Developmental aspects	4
Adolescence	9
Subjectivity in adolescence	13
Late adolescence and young adulthood	18
Adolescent breakdown and suicidality	23
Adolescent mental health & public health	26
Adolescents and group therapy	28
Psychoanalysis and groups	29
Northfield and after	30
W.R. Bion	34
S.H. Foulkes	37
Foulkes and Group Analytic concepts	38
Irvin Yalom	39
Morris Nitsun	40
Didier Anzieu	41
Caroline Garland	41
Other contributions	41
Other forms of group therapy	42

Research and clinical studies of psychoanalytic group psychotherapy	43
Psychoanalytic group psychotherapy with adolescents	47
Conclusion	49
 <i>2. Methodology, Ethics and the Group</i>	 52
Introduction	52
The setting	52
What is psychoanalytical group psychotherapy?	53
Co-therapists	53
The group	54
The frame	55
House rules	56
Research project	57
Data collection	57
Ethics	58
Process notes and the data set	59
Apprehending the data and data analysis	60
How I set about analysing the data	64
Tangent – Ontology, epistemology and child and adolescent psychotherapy	65
What I did in the end: presenting the findings	67
Theoretical issues	69
Becoming a subject	72
Conclusion	73
 <i>3. Apprehending the data: Findings</i>	 74
Introduction	74
Introducing the group	74
What the membership brings: complexity and intense states	80

Themes	82
States of Feeling	86
Projecting feelings & catastrophe: Serena	90
Holding the depression; biting back Peter	93
Holding the madness: Averil	96
Aggressive anorectic brinkmanship: Frank	98
States of Mind	100
Questioning relationship based on meaning: Serena	102
Persecuted by his own aggression: Peter	103
Sitting out in psychic retreat: Frank	105
Mindlessness and contact-barrier: Averil	106
States of Body	109
Betrayed by the embodied self: Serena	111
Collapse: Peter	112
Theatres of the body: Averil	113
Education	113
Group-specific phenomena	114
The working group	115
Different types of communication	117
Spaces between	119
Breaks and endings	121
Non-attendance	122
Not-working (Basic Assumption) group	123
The co-therapists	126
How we worked: holding the frame	127
Solo co-therapy	128
Holding and containing	129
Protecting the boundary	130
Keeping the group on-task	132

Maturation change	136
The group's capacity to bear emotional knowledge	136
Socialisation and engagement	138
Conclusion	140
<i>Tables</i>	142
4. Conclusion	150
The group's development	150
Bonding	151
Observations of change	152
Arriving at some definite findings	153
Why group psychotherapy for adolescents?	154
What I learned and what has stayed with me	155
Group psychotherapy and child and adolescent psychotherapy	156
Further research in adolescent group psychotherapy	157
<i>References</i>	158
<i>Appendix 1</i>	
NHS Ethics Approval letter	205
University Research Ethics Committee letter	208
<i>Appendix 2</i>	210
Table 1: Representation of link between group and co-therapists' interactions	211
Table 2: <i>preliminary workings</i> : Emergent themes and categories	261
Table 3: Findings: individual group members and aspects of maturational change	288
Table 4: Themes of group sessions in months 0-7 and 8-15	295

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Introduction

The starting point for this doctoral enterprise was - for reasons perhaps best unknown to myself - being asked part way through my clinical training whether I would co-run a psychotherapy group for adolescents. I had no problem in declining the offer; clearly my attempts at self-concealment had failed! On the other hand, here - true to the Jungian idea of psychic equilibrium - was an opportunity for balance. So (courageously - I did feel I was being asked to walk the plank) - I relented. This proved to be a tremendous - if at times nerve-wracking - learning experience but one that has, without exaggerating, had a profound effect on my professional and personal development, with an attendant quantum shift in perhaps more fully comprehending - or apprehending - what intersubjectivity is.

Thinking About the Group, Adolescence and the Research

As we were being asked to think about proposals for doctoral research, I felt mine was in my lap: as a second adolescent group was being planned, I already had an intimation that whatever it was that happened there was powerful and merited exploration. But I also felt I needed to check and discuss with others this doctoral idea, and sought out senior clinicians in the Tavistock Clinic's Adolescent and Adult Departments¹: was this idea feasible, or possible even? Would it constitute a viable piece of research? I was interested in what it was that went on; what was therapeutic? Was it therapeutic? And if so, what was the nature of this therapeutic

¹ These included Michael Rustin, Caroline Garland, Stephen Briggs.

action? I was encouraged and remained curious, and I was keen to not lose my sense-impressions but also to search the literature. The group itself would be the object of research study, retrospectively.

My initial questions were in time to remain the research questions. They were deliberately broad in scope as they were my starting off point, and it felt important to begin with ground-covering basic enquiry. Initial forays into the literature when thinking about the project revealed a dearth of literature on psychoanalytic groups with adolescents. Disbelieving, I nevertheless persisted but literature searches revealed very little – as will be presented in the Literature Review chapter. It became apparent that the field of psychoanalytic groups with adolescents was largely uncharted. Despite the long tradition of therapeutic work with adolescents, and the wealth of publications on working individually, very little has been written about psychoanalytic group psychotherapy interventions with this population. A task of this thesis, therefore, has been to attempt to bring forward such an intervention and relate it to the literature extant in related fields – viz: adolescent development, individual child and adolescent psychotherapy, Group Analytic and Tavistock Group Relations traditions (which pertain to adults), and also sociology and social anthropology (eg, Spillius, 2005) – of which there is a rich literature. The approach to the relevant literature is discussed further below and in Chapter 1.

So, the research questions remained open since it was important to stay with what was going to be an exploratory enquiry, and these would also serve to gather in and, at the same time, keep my mind open to the group phenomena that, as yet had not been thought about let alone conceptualised or examined, but nevertheless seemed to take place.

The aim of the research was clear: to study the process of group psychotherapy for young people/adolescents. The group was a group I ran with a co-therapist for 15 months and from which the extensive written process notes became the data set. The group consisted of 7 young people and two co-therapists; this is fully described on page 74.

Therefore, of necessity, this thesis has brought together the study of group dynamics and group therapy, together with an appraisal of Group Analytic and Tavistock Group Relations traditions and theories. Alongside, is a separate exposition of adolescent development and adolescent psychotherapeutic approaches to mental disorders in young people – as this thesis involves linking these two fields. This is therefore presented as follows:

Chapter 1 is a Review of the literature on adolescent development and psychotherapy, and group therapy and group processes. Its premise is that all people – though especially adolescents - are located in groups. This then leads to an exploration of group theory and therapy, and within this are also discussed the unique features of adolescence, which are discussed in terms of development and key developmental aspects – including the dangers of adolescent breakdown - and the psychosocial predicaments of later adolescence, including the current discourse on this new developmental stage. From this discussion of the literature – which links adolescence and group psychotherapy – emerges more coherently the research questions for the thesis. These include:

1. What is the quality of what is therapeutic in the adolescent group?
2. How do therapeutic interactions come about?

3. What are the characteristics of the therapeutic interactions?
4. What is the quality of the emotional interaction between group members and the co-therapists?
5. What forces then hold the group together?
6. To what extent might this thesis be an important contribution to the field of psychoanalytic group psychotherapy with adolescents?

Chapter 2 explores the Methodology of the Study and the ways in which I have analysed the data. An emphasis is placed on the exploratory nature of the study, as finding a path in relatively uncharted territory. The approach is therefore qualitative.

Chapter 3 presents the Findings. These are presented as organised by key themes. The members of the group are introduced, and their routes into group psychotherapy identified. Group processes are characterised as relating to complex and intense states of mind, and key themes are identified. The interactions between individual contributions of feeling states, states of mind, and somatic states of the group members, and group processes, are discussed, with particular focus given to group members' individual presentation within this thematic rubric – as delineated below. This has been identified in terms of complexity and intense states:

States of Feeling

Projecting feelings & catastrophe: Serena

Holding the depression; biting back: Peter

Holding the madness: Averil

Aggressive anorectic brinkmanship: Frank

States of Mind

Questioning relationship based on meaning: Serena

Persecuted by his own aggression: Peter

Sitting out in psychic retreat: Frank

Mindlessness and contact-barrier: Averil

States of Body

Betrayed by the embodied self: Serena

Collapse: Peter

Theatres of the body: Averil

This chapter also discusses other findings regarding the group – such as those relating to education, group phenomena, maturational change, and also the role of the co-therapists.

Chapter 4 draws the thesis to a close with an exposition of the group's development, observations of change, and features of definite findings. It then discusses and evaluates why treatment with group psychotherapy can be especially indicated for adolescents. The contribution of the thesis to the child and adolescent psychotherapy profession, and the possibility of further research, are also explored.

Chapter 1

Literature Review – Adolescence and Psychoanalytic Group Therapy

Introduction

The remit of this Literature Review is the exploration of the literature on psychoanalytic groups – the particular point of interest being psychoanalytic therapy groups with adolescents and young adults since this is the subject of the clinical work that underpins this thesis. This Review takes in the sweep of adolescence - its developmental and psychopathological aspects – and also encompasses a view of groups as psychosocial phenomena, as well as a look at the psychoanalytic discourse. Despite the long tradition of therapeutic work with adolescents, and the wealth of publications on working individually, very little has been written about psychoanalytic group psychotherapy interventions with this population. A task of this thesis, therefore, has been to construct the approach and method and relate this to the literature from cognate fields - adolescent development, individual child and adolescent psychotherapy, Group Analytic and Tavistock Group Relations traditions (which pertain to adults), and also sociology and social anthropology.

The Significance of Groups

Despite then, the modern, Western post-Romantic, cult of the Individual, we are born into groups: attachment, familial, social: we have names, we have ancestors, we have links to a personal unconscious and to a collective unconscious (Jung, 1959; Foulkes, 1948; Pines, 1983). And we have survived largely because of our

groupishness and our capacity for socialisation (Levi-Strauss, 1973; Harari, 2014). “*Man’s social nature is an irreducible basic fact*” asserts Foulkes (1964).

From the point of view of psychoanalysis, our ‘group life’ begins developmentally, with the infant’s natural social intelligence and valency for intersubjective relating (Trevarthen and Aitken, 2001); its “*domain of core-relatedness*” (Stern, 1985, p 27; Ahlin, 1995). The mother (or primary caregiver) and the infant are an indivisible unit (Winnicott, 1952), and yet also involved in the micro-management of mutual affective regulation (Bollas, 1987; Tronick and Weinberg, 1997) giving rise to “*dyadic states of consciousness*” – the acute, primed sense of the other, affording a preliminary understanding of social relationships and how to do things with people, “*implicit relational knowing*”, Lyons-Ruth *et al*, (1998). Although there are let-downs in the service of development (Bollas, 1987), these nevertheless form the cognitive and psychosocial basis for the developmental achievement of a theory of mind, of mentalising (Bateman *et al*, 2015; Fonagy, 2015; Midgley and Vrouva, 2012). There is then also a triad, with the father, as well as a psychic triad that includes representation of an absent father where this is the case (Woodhead, 2004). And there may be siblings too. Friendship and peer groups are a major preoccupation for children, adolescents and young adults - and the success of Facebook is testament to the power of social networks – albeit ‘virtual’ at times. By and large we live, learn, work and play in groups (Bion, 1961 p64), and so the notion of the Individual is largely a “*falsifying semantic abstraction*” (Pines and Hearst, 1993)²; “*There is no group*

² Of interest also is the link between group analysis and quantum physics: eg, Bohm (1982) and Brown and Zinkin (1994), who cite the work of Einstein in demonstrating that no physical entity can be separated from its environment, and Mach: that an object’s inertia is not inherent but related to its relationship to other matter in the universe.

without individuals...no individual without a group" (Brown, 1986 p 28).

The literature on groups is on the one hand vast and very broad - stretching from human geography to the classlessness of Scottish country dancing and the inclusiveness of sport, to supportive and self-help groups, to anthropological mapping of affines, to neurobiology and the impact of groups on mood, and on to health economics and the idea that treatment in groups (whether homogeneous or heterogeneous) might be more cost-effective (Burlingame, 1997; McCrone, 2005) – and on the other hand, particularly if we focus on adolescent psychotherapy groups, very limited. It seems then that *"no single discipline holds the exclusive rights to the study of groups"* (Group Dynamics Editorial, 1997) – and indeed that different fields of interest in group phenomena overlap.

Inevitably this Review will not provide the whole picture, and inevitably, there will be beckonings to consider another view, another paradigm (see, for example Schermer, 2012 for compelling exploration of Complexity theories and group analysis).

Why Group Therapy with Adolescents?

Bollas (1987), taking up a thread from Winnicott (1971), comments that the goal of psychoanalysis is that it focuses on those disturbances in human subjectivity that make creative living difficult (Bollas, p 135). For adolescents – who remain our focus - group psychotherapy lends itself to young people in difficulty as so much that features in the developmental tasks of adolescence takes place in social groups – and so these issues can be explored, and enacted, in the safety and stability of the clinical group setting.

Adolescence: Development, Subjectivity and Mental Health

Developmental aspects

The philosopher Hume is quoted by sociologist Norbert Elias (Elias, 1987/1991 p185) as remarking on the dissonance between the child he remembers himself as once being, and the adult he has now become – musing on how it is that they can be one and the same person.

Paradoxically perhaps, adolescence does have its feet in early childhood – less because ontologically we develop from who we were before, and more that adolescent development involves a re-visiting - and some say a re-working - of earlier childhood experience as part of this new maturational (Winnicott, 1963) and neurodevelopmental (Wilkinson, 2006; Casey *et al* 2008,) process occurring in the context of rapid and fluctuating cognitive, psychosexual and bodily changes. Arriving at adolescence may be a gradual or sudden event, and the young person ahead of or alongside his peers. Nevertheless s/he may feel “assailed”

(Prendergast (1995)³ (cited by Briggs (2002))) both from within and without: the previously trusted body and mind becomes an unknown shape-shifter, impulses and thoughts may be edged with powerful sexual and/or aggressive urges. Bychkova *et al* (2011) refer to adolescence as time of “self-discovery”, and one that can include playfulness as well as turmoil and conflict, and where exploration of sexuality and self-identity also come to the fore. Previously helpful figures maybe become the object of pitiful derision, and yet this is also a time when there is a “revival” of the need to call upon containing parental figures (Anderson, 2000) , especially as the young person may swing from dependence to independence and back again in the maturational impetus towards equilibrium and inter-dependence. Myriad anxieties may impinge, maybe almost constantly, fluctuating emotional and mood states may be unnerving and destabilising, and concomitant cognitive and neurological changes also make themselves felt (Spear, 2013; Casey *et al* 2008; Steinberg, 2005). How all this is managed depends in part on how earlier experiences were negotiated.

All development can be said to have its origins in the totality of the textured socio-bio-psychological organisation and relational dialectic that exists between the dependant infant and its mother or father or primary caregiver. This relationship may be intimate and intersubjective, mutual, social and regulated, with moments-of-meeting (Sander, 1995; Stern, 2004) and include the repair of “ruptures” to interactive communications (Stern, 2004) or to the “missteps” in the “dance” (Stern, 1977; 2004). Taken together, these features of development go to create not only the fabric of the

³ Prendergast, S. (1995) With gender on my mind: menstruation and embodiment at adolescence In Holland *et al* (eds) *Debates and Issues in Feminist Research and Pedagogy* Buckingham: Open University Press.

infant's relational experience providing him with a sense of 'going-on-being' (Winnicott, 1960), a teleological sense of self, but also give rise to the child's sense of agency (Knox, 2011), as well as being a pre-condition for the attachment system (Bowlby, 1958; 1988; Holmes, 1993), for the secure base from which it is safe to explore the world and return again (Panksepp, 2009⁴). Fonagy *et al* (2004; 2015) explicitly delineate the cognitive and epistemic capacities with which the attachment system endows the child – complementing the work of Tronick and the Boston School in suggesting that the sociobiological function of the human dyad's attachment system goes over and above basic survival and protective mechanisms to confer cognitive and social advantage.

Here then may be a “good-enough” (Winnicott, 1952; 1971) foundation, as meaning and coherence are given to the infant's experience of itself and others. Bovensiepen (2006) affirms that it is these early interpersonal experiences with caregivers that become saved as various working models stored in implicit memory, and from which the child's inner world develops.

But we know that infant-caregiver relations can also be less than good-enough. Failure to regulate an infant's distress has neurological sequelae (Perry *et al*, 1995; Knox, 2011), and disturbances to the attachment system impact on emotional regulation and on the infant's epistemic trust. Knox (2011) cites the work of Beebe *et al* delineating the “catastrophic” sequelae to gross maternal mis-attunement. Bureau *et al* (2010) refer to unresponsive care in infancy as a “hidden trauma”, and delineate

⁴ Panksepp delineates here and elsewhere the infant's exploration of sameness and difference by means of the creative interplay of two core emotional systems: the SEEKING system and the PANIC. The SEEKING system has a base in survival and appetite; in curiosity, interest, frustration – and Bion's K, the desire to know. The PANIC system is linked to social survival and bonding and is expressed in separation distress, sadness, shame, guilt.

the impact on immediate and later, adolescent, development in terms of psychiatric presentation, and cite dissociation, depression and self-harming behaviours among these. They also report on a longitudinal study flagging up the quality of caregiver interaction as the predictor of later child development, and also mediator of genetic expression to psychiatric symptomatology; this intergenerational vulnerability to psychopathology points to an interaction between genes and the environment⁵. In their paper on mentalising as a treatment target in borderline personality disorder, Bateman *et al* (2015) refer to the impact on mentalising that a less-than-good-enough early experience can give rise to, and maintain that *“without mentalizing there can be no robust sense of self, no constructive social interaction, no mutuality in relationships, and no sense of personal security”*.

Winnicott wrote of the mother/caregiver's capacity for 'holding' the infant, psychologically as well as physically, and how this, beginning from before birth, helps bring about an integrated self; the 'holding' also then extending out into the *“holding, facilitating environment”* (Winnicott, 1965) further supporting development. Bollas (1987) writes of the internalisation of this *“idiom of care”* and its later incorporation into self-care.

Bion illuminated the mother's 'containing' function as her capacity for “reverie”, for allowing the infant's state of mind and body to play on her, to be taken in, reflected upon, and the primitive communications to be processed and digested in the service of then being able to assuage the infant and give back to it a sense of having been understood (Bion, 1962a). Winnicott (1967) wrote of the mirroring function of the mother's/caregiver's face, and the

⁵ www.ucl.ac.uk/psychoanalysis/research/gene-environment-giga

impact of what the infant saw there on the development of the child's self (Fonagy *et al*, 2004). The carer's capacity for reverie has been further conceptualised by Briggs (1997) as a concave, or flat or convex mind according to the capacity to accept and process, ignore, or reject forcefully the infant's communications. Fonagy *et al* (2004) suggest that *"the absence of a reflective [ie concave] object for the child's experience creates a vacuum within the self where internal reality remains nameless, sometimes dreaded"* (p 419) and in turn giving rise to an *"alien"* sense of self (Fonagy *et al* 2004, p 419) as the child internalises the representation of the carer's state of mind as an integral part of himself. In the 'convex' style of response there is the added phenomenon of active malign intrusion into the infant's mind, so that the infant becomes the receptacle for the other, rather than the one contained (Williams, 1997).

Bion (1962a) was building on Melanie Klein's work: she maintained that projection was a primitive method of communication and the forerunner of thinking; Klein (1946) had written of the infant's earliest anxieties, of early primitive defences and the ego's splitting and projection of its unbearable contents out into the mother/caregiver. Bion elucidated that the mother's capacity to receive and modify these projections, and, in turn, to return them to her infant in a detoxified form, had a direct impact on the infant's development of thought and thinking: transforming something which was a sensory-somatic experience into something more mental, that would, over time, enable the infant to internalise this capacity of his mother's to take into a three-dimensional space (her mind, her body), feelings and experiences which could then be thought about. This would contribute to the child's sense of himself as a person in his own right, with an unfolding mind, an emerging self, a sense of meaning, reflective function, and a capacity to symbolise (Britton, 1992). We

will consider this further in terms of states of mind in the Findings chapter following.

Adolescence

Adolescence also has its origins, in the West at least, in the Romantic movement, particularly the "*Sturm und Drang*" genre of literature typified by Goethe's Werther (see Arnett, 1999). Adolescence also rose to prominence in the collective social psyche as a discrete transitional period after the Second World War – as a social construct possibly also borne of manic reparation (Anderson and Dartington, 1998) but one that has also served as a receptacle for exploitation and mocking and disparaging envy by adults whose own youthful freedoms have long since passed – as well as a focus for reactionary policy-making (cf Côté, 2014).

Different schools of psychoanalytic thought place different emphases on the key points of adolescent development. The traditional psychoanalytic view has tended to focus on the 'storm and stress' of adolescence. Anna Freud felt it was crucial to normal adolescent process as the immature ego battled against Id impulses, and that an untroubled adolescence was cause for concern (A Freud, 1958). Laufer and Laufer (1984) stayed close to the Freudian focus on the recapitulation of infantile sexuality (Freud, 1905), and viewed adolescence as the coming to terms with the mature sexual body; Fonagy *et al* (2004) have argued that the picture is more complicated than this.

Blos (1979) referred more hopefully to the 'adolescent passage' of adolescence – conjuring a journey between two developmental states, with all the perils and challenges and

meetings with the unknown along the way, like the story of Parsifal. Blos was influenced by the thinking of Margaret Mahler (1963; see Frankel, 1998; Fonagy *et al*, 2004) on the lifetime task of separation-individuation and, critically, of the loosening of infantile object ties, and emergence from one-ness with the pre-Oedipal mother (see also Taussig, 1993). Blos (1979) delineated the regressive-progressive pull-push of adolescence and the ego maturation that accompanied each "*milestone of progressive development*" (p141). But this is not without considerable anxiety as the preceding period of equilibrium is overthrown and infantile feelings last experienced in toddlerhood make themselves felt again. Powerful omnipotent and Oedipal feelings come to the fore but unlike previously can now be enacted as there is the physical, intellectual and sexual potency to do so. Thus, in this sense, the regression involves an actual re-experiencing and modification of earlier states from infancy and childhood. This, for Blos (1962), contributed to the notion of the "*second individuation process*", the second chance at development and becoming - before the "*essential aspects of the personality become shaped, and eventually organized, into a more coherent and stable sense of self*" (Waddell, 2002a p 141). Another aspect of this notion of a 'second chance' is the 'use it or lose it' aspect of neurological plasticity in adolescence as the brain slows dendritic arborisation, and neurones that have not been used are subject to synaptic pruning (Wilkinson, 2006; Casey *et al*, 2008).

There is then much going on! And there is no such thing as a normative adolescent experience (Briggs, 2008; Healy 2003).

Although adolescence nevertheless remains a period of heightened vulnerability, prospective, psychosocial and a neo-

Piagetian view of adolescence can offer a more contemporary, and “*clinically live*” views (Frankel, 1998).

Panksepp (1998) reminds us about the biological significance of play, and adolescents can be very playful, even silly, in their physical and verbal sparring. There is a dynamic vitality (Stern, 2010) at work in this intersubjective consciousness, and for some young people this can provide enough fuel to sustain their developmental trajectory so that they make it to the relatively safer shores of adulthood (Rytovaara , 2015).

Winnicott (1971) has insisted on the immaturity of the adolescent, and that the only cure is time. That the adolescent's immaturity has to be respected and not chivvied along by adults keen to “*abdicate*” responsibility and confer on their offspring a false maturity, in turn depriving the young person of the freedom to dream, have ideals, make choices and be spontaneous. But alongside this is also the daily life-and-death struggle of the adolescent, whose aggression is held in part in unconscious phantasy. Growing up, says Winnicott, means – quite literally, he insists – taking the place of the parents, and triumphing over them. Bovensiepen (2010) adds that it is in adolescence that the young person first becomes properly conscious of his/her mortality. Indeed, adolescent omnipotence can be seen as a defence against mortality (Millar, 2006), and an adolescent's sense of being overwhelmed by unmanageable anxiety can call for desperate defence measures (Anderson, 2000). Anderson (2000) has written about the importance of the adolescent's internal resources for containment. Fonagy *et al* (2004) suggest that separation (eg, from infantile object ties) depends on attachment and a secure base from which the adolescent can experience separateness without feeling overwhelmed by loss. Colman (2010) has written very finely

on an adolescent's experience of absence and loss, the emergence of the transcendent function, and the ensuing symbol formation.

Frankel (1998) quotes Hillman referring to the "calling" of adolescence – to what future is the adolescent being called? Erikson (1968) writes of the adolescent's staged appellation to identity formation and how a period of "time out" away from habitual psychosocial expectations (and he includes going to college) allows for an experimentation in roles, the integration of "identity elements", as larger society replaces the smaller familial circle of childhood. Waddell (2002a) writes of the liminality of adolescence: that it is a boundary place, where the adolescent moves from being a child in the family to being a person in society. Anderson and Dartington (1998) have remarked that all aspects of the lived experience to date are up for re-appraisal in adolescence, and that this process is ignored or avoided at cost. And yet in the West at least, there is little in the way of rites of passage to help the young person on his/her journey of metamorphosis from childhood to eventual adulthood. Michael Mead (1974) describes this powerfully:

Without a ritual to contain and inform the wounds of life, pain and suffering increase, yet meaningful change doesn't occur. Where drops of blood once symbolized life trying to change, pools of blood stain street after street without renewing the spirit of life. Instead of ritual descent and emotional resurrection, complete death occurs; actual corpses... Instead of the hum of bullroarers...the wail of sirens, the crack of bullets, and the whirl of flashing lights bring the "underworld" to life each night. Instead of participating in a prepared rite for leaving childhood games through ordeals of emotional struggles and spiritual alertness, gangs...hurls their woundedness at the darkness and at groups...that are their mirror image... An unconscious, chaotic and amassing of death gathers

where the terms of passage instead required some honest suffering, a scar to mark the event, and a community to accept and acknowledge the change...

p 30

Van Gennep (1960 (see also Spillius, 2005)) has written of the initiates who, as part of their puberty rites 'go missing', are segregated and considered 'dead' as a way of managing separation from childhood, and similarly how mental and physical weakening is also intended to bring about loss of memory of childhood. There is also the piercing and cutting of skin (eg, circumcisions, ear-piercing, hair cutting) as woundings and the markings of separation on the one hand, and affiliation to a new group, on the other. It is not hard to see deliberate self-harming in Western adolescents as attempts perhaps at self-initiation, splitting the skin of a limiting self (Mead, 1974) or as an act of self-creation, closer to feelings than words, and as a way of signing (Motz, 2010).

Subjectivity in adolescence

Metamorphosis is a key feature of adolescence (Rytovaara, 2015), and we have learned already of the neurobiological changes that occur with significant behavioural sequelae; it is also a time when major psychiatric illnesses can arise (Rytovaara, 2015).

The encounter with the self – and the other – is also a key experience of adolescence. Marina Warner (2002) writes in her Clarendon Lectures of portals to experiences of the self and the other cited in classic and modern literatures, and how preoccupations with zombies and horror films provide transitional space through which encounters with self and alterity can be

handled, possibly processed, as childhood departs (Rytovaara, 2015).

Although it has its origins in childhood, subjectivity and subjectification is integral to an understanding of adolescence but as a concept has been the focus of differing perspectives and theoretical stances and definitions – viz self/Self; identity; individuation; subjectivity; subjectification (cf Côté, 2009).

Grotstein (2007, p129) says Jung was the first analyst to appreciate the subjectivity of Being.

'Subjectification' is a Foucaultian concept, referring to the continuous, reflexive appropriation of the self, and was brought into psychoanalytic thinking by Raymond Cahn (Cahn, 1991; 1998; Briggs, 2008; Briggs and Hingley-Jones, 2011).

Subjectification perhaps begins with the appropriation of the 'I'⁶ in childhood; in adolescence the focus is more on the relational psychosocial context demanding engagement with psychic reality and the assignment of meaning to experience. This makes for a complex set of interactions around self-perception and agency, and the tussle between omnipotence and reality, particularly as the adolescent is involved in a "*cumulative unbinding*" (Cahn, 1998, p 156) of childhood ties. Knox (2011) delineates the development of self-as-agent from infancy and its core developmental thrust, starting with the impetus to repair

⁶ Michael Fordham has written about this: "...I encountered a one year-old baby who drew circles for a period of time and then began speaking the pronoun 'I' – after which he stopped drawing the circles!..." (p. 42) from *The Infant's Reach, Psychological Perspectives* (1988) 21 p 59-76. Knox (2011) writes of Winnicott's ideas about the individual's capacity to function as an integrated 'unit': the stage at which a child can say "Here I am. What is inside me is me, what is outside me is not-me" (Winnicott, 1965b p 44). Ogden, (1986) writes " When symbol and symbolised become distinguishable, a sense of 'I'-ness fills the space between... This 'I' is the interpreter ...the mediator...the intermediary between the self and ...lived sensory experience" (p.72).

rupture in contingent care-giver interactions (as described earlier). Fonagy *et al* (2002) link the self-as-agent to the development of mentalising; Bateman *et al* (2015) state “...without mentalizing there can be no robust sense of self” (p 380).

Panksepp and Biven (2012) refer to the ‘idiographic self’ – that is the self (or indeed selves) that is self-reflective, and differentiated from the self that is subject to, and assailed by raw experience and unprocessable affect.

Harter *et al* (1997) write of the ‘adolescent self-portrait’ and the different combinations of self-attributes accounting for the variety of, sometimes conflicting, self-presentations as the adolescent negotiates a “*swirling sea of multiple social relationships*” (p 836). These “*disparate selves*”, though experienced as unsettling and contradictory, and working against the self-perception of a coherent sense of self, are well-known to psychotherapists working clinically who are used to working with the different selves a patient will present according to the relational contexts being described. Harter *et al* argue that these multiple selves are in the service of adolescent development allowing for the acquisition of skills for differing social contexts – and ultimately for a cohesive biographical narrative⁷.

Sebastian *et al* (2008) present neurobiological evidence for the continuing development of the self and self-concept during

⁷ Paul Auster in his autobiographical *Winter Journal* (2012; Faber & Faber) writes, addressing himself: “You would like to know who you are. With little or nothing to guide you, you take it for granted that you are the product of vast, prehistoric migrations, of conquests, rapes, and abductions, that the long and circuitous intersections of your ancestral horde have extended of very many territories and kingdoms, for you are not the only person who has traveled... You can go back only as far as your grandparents... All four... were Eastern European Jews... two ...born in... part of the Austro-Hungarian Empire...now part of Ukraine... there is a tumultuous mix of physical features in the many offspring who followed... Because you know nothing about where you come from, you long ago decided to presume that you are a composite of all the races of the Eastern Hemisphere... you have consciously decided to be everyone, to embrace everyone inside you in order to be most fully and freely yourself...” pp 115-117.

adolescence, and its link to neurocognitive developments and social encounter. They particularly refer to the 'looking-glass self', perspective-taking and the contribution to heightened self-consciousness.

Briggs (2008) and Briggs and Hingley-Jones (2011) offer a compelling perspective on adolescent subjectivity in the light of clinical work. Four frames of reference are identified: separation-individuation; fluctuating states of mind within an intersubjective field; self-esteem and competency, and power-relations (Briggs, 2008). Briggs argues that the adolescent's shifting states of mind occur both within himself as he struggles to own what he is feeling and to tolerate it, and also within an intersubjective context of others providing containment for the adolescent's fluctuations in mood, which are then experienced as acceptable and amenable/ co-operative. Drawing on the work of Kennedy (2000) in his paper on subjectivity, Briggs applies his clinical work with adolescents to suggest that the adolescent in this state experiences states of mind where he feels himself to be the 'subject of' his experience, but that in a more anxiety-ridden context, it may be less possible for the young person to own feelings and instead feelings are viewed as coming from 'outside'; in such a persecutory state of mind, the adolescent feels 'subject to' his feelings, and is far less amenable to negotiable, reasonable behaviour and so more likely to 'act out'.

Briggs (2008; 2011) links Kennedy's paper to Kleinian object relations theory of developmental 'positions' of, respectively, the depressive or paranoid-schizoid - each pertaining to basic psychological organisations, with characteristic features, anxieties and defences (see Klein, 1957; Ogden, 1992; 1986). Ogden (1986) writes of the development of subjectivity in the

light of the movement from part- to whole-object relating, and cites Winnicott – particularly his work on potential space - rather than Klein as providing the fuller account of this developmental transformation.

There is a link here with Knox (2011)'s work on the development of self-agency, and on the extent to which we all – but perhaps especially an adolescent – can feel able to influence, have an impact on, and elicit a response from the world around us. Or as Husserl, referred to by Kennedy (2000), has pointed out: we are both subjects for the world and yet also objects in the world. Kennedy then takes his argument further and suggests that subjectivity is both intra- as well as inter-psychic, and singles out the role of desire as an actualising force in human agency⁸.

Côté (2009) attempts to explore the subject of identity formation and self-development in adolescence, and in a stacked paper tackles the problem of definitions⁹ before comprehensively attending to the separate literatures. The framework is Erikson's view of adolescent development, particularly the psychosocial task of developing a viable identity, and the rooting of adulthood to childhood identifications. Although identity then could be said to be about a perceived sense of sameness and continuity persisting in various contexts over time, there is no universal identity formation it seems, and in any event research has not been truly representative in its focus on white, educated, middle-class, Americans. Côté demonstrates the many factors prevailing to influence, or indeed hamper, identity development, including nationality, ethnicity, socioeconomic factors, gender and education. Côté maintains that all these variables are largely

⁸ Which, in turn, could be said to link to Panksepp's SEEKING function, described earlier.

⁹ The definitions remain quite strictly within the confines of ego- and self-psychologies, and do not, for example, touch on the self/Self of analytical psychology (eg Knox, 2011).

under-researched, and therefore are not attracting the attention of policy-makers and informing thinking and decision-making in social policy agenda.

Furlong and Cartmel (2007) add their concerns about adolescent subjectification in their discussion of Beck's (1992; 2006) risk society or *Risikogesellschaft*, and write of how the collective "ontological securities" (Giddens, 1991) of the past have given way to the post-modern world of infinite choice, divergence masking inequality, and persistent uncertainty. They write of how societal deficiencies may be perceived and owned subjectively, and how young people have become 'disembedded' as they are driven to regular reappraisal of their self-narratives in response to felt experience and the collective pressure to be responsible for their own fates – which is not necessarily without an impact on mental health.

Late Adolescence and Young adulthood

If adolescence demonstrates the coming-together of several maturational tasks and preludes the adolescent's emergent identity, subjectification, and adult self, then there might be an idea that the transition to adulthood is straightforward if not assured. As most will attest, there is no neat dovetailing of adolescence into adulthood – indeed, adolescent states of mind can persist throughout life (Waddell, 2002a) – and in fact there are radical societal changes afoot that have been evolving within the frame of a generation creating a longer transition to adulthood and in turn compounding vulnerabilities with implications for mental health risk, (Furlong and Cartmel, 2007), as well as generating significant repercussions for adolescent subjectification with important

implications for social policy (Wyn and Dwyer, 1999; Arnett, 2000; Schwartz, Côté and Arnett, 2005).

Recent appraisals of theorising adolescence (eg, Briggs and Hingley-Jones, 2011) point to the widening discrepancy between theory and experience and changing psychosocial contexts over the last 20 years (Arnett, 2001) giving rise to this phenomenon of an enduring adolescence persisting into the mid-20s. Côté (2014) has proposed an Eriksonian model that captures the essence of this prolonged identity formation suggesting that the achievement of adult development (eg, leaving school; leaving parent's home; having full time work; entering conjugal relationships; having children) has become delayed by up to about 5 years, until the mid-20s.

Briggs and Hingley-Jones (2011) suggest that becoming adult has now replaced 'leaving home' – that what was once the hallmark of adulthood has now become a frustrating endeavour owing to social constriction on housing and work (Côté, 2014). Leaving home now occurs in phases – much as adolescence and indeed becoming an adult does. But alongside this, four key roles have been identified as marking entrance to adulthood: becoming a sexual partner, a student, a worker, and becoming a parent. They do not end there, however. Taking up Freud's notion of maturity as being the capacity for *Lieben und arbeiten* (cf Erikson, 1968), Briggs and Hingley-Jones (2011) add the capacity also to bear loss, and to bear the risks and consequences in decision-making. Waddell (2002a,b) and Colman (2010) and Keenan (2014) each write of the work of loss and its consequences and the mourning to be done in adolescence, and of the young person's variable capacity for this. Briggs and Hingley-Jones (2011) end their paper with a

rhythmic consideration of opposites: vulnerabilities and potencies; dependency and learning; independency and agency, and the anxieties that leak about the joints and in the concepts of self and other, and where containment and attachment has not been altogether good-enough.

Wyn and Dwyer (1999) recap on international studies looking to understand the nature of the transition from adolescence to adulthood. They refer to some key themes: for example, a Dutch study focuses on commitment: the wish not to commit, just yet, conveying the complex ways in which choices are negotiated; a British study highlighted the dialectic between personal autonomy and economic and social and gender variables; while Canadian and Australian studies each highlighted the assumed, educational pathways, and the interplay of agency and choice in the futures constructed.

Wyn and Dwyer (1999) point out the increasing pressure on young people to negotiate their own way to adulthood – and this now in an increasingly (since the 1970s) constrained economic and social context, with a move, they argue, away from community-based enterprise so that there is a blending of areas of young peoples' lives, eg, part-time study *and* work, as a result of 'pragmatic choice' (Wyn and Dwyer, 1999 p 8). A 'five-fold' typology of the nature of these choices young people make is suggested as being: vocational, occupational, contextual, altered and mixed patterns.

Although the authors point out that the samples were perhaps not representative socioeconomically, they comment on the fortitude and resilience of the "*post-adolescents*" which is linked by one cited work to individual endeavour. The resilience and pro-active outlook was found across nations but perhaps also

served to mask more complex issues, such as risk and social disadvantage, individualisation as the product of tension between individual agency and structure, and as representative of the investment with which the young person endows their choices. Idealism, the authors argue, is matched with realism to create a complexity that has not been present for previous generations – or in other words: *“where structured pathways do not exist, or are rapidly eroded, individual agency is increasingly important in establishing patterns for the young people and in giving meaning to their lives and experience”*.

Wyn and Dwyer temper this perhaps idealised delineation of agency with a reference to Beck's conceptualisation of the risk-averse society (Beck, 2006) where uncertain and unstable phenomena abound to compound the threat of risk.

Thinking about the stalwart attributes of young adulthood – romantic partnerships, careers, worldviews - Schwartz *et al* (2005) wonder about identity formation as a necessary pre-requisite for the capacity to make enduring life commitments, particularly in the context of the relatively unstructured (eg post-tertiary education) context of emerging adulthood/ early adulthood/late adolescence. Their study looks at three predominant ethnic groups in the USA and draws on developmental and sociological literature.

Côté (2009) introduced a measure (Identity Stage Resolution Index) and found this accorded evidence of a forming Adult Identity, and also a Societal Identity, detected between early- to late-20s, but not earlier. Côté identified an emerging picture of identity crises which he contextualises as part of the picture of the prolonged transition to adulthood until the mid-20s. In this paper he cites psychologist Arnett who makes a claim for a new phase of

adolescent development, and coins the term 'emerging adulthood'. Arnett also claims that, following Freud the normative experience of the *emerging* adult is 'worldview'. But Côté maintains that Arnett's claims are not substantiated, and is powerfully critical, if not damning, of Arnett in a subsequent paper.

Côté (2014) sounds a clarion call for caution against the *zeitgeist* for zealous but misguided (if not delusional) notion of the 'emerging adult' as being the developmental thrust of adolescence. Just as Winnicott (1971) insisted on the immaturity of the adolescent and its need for time and protection from premature responsibilities, so Côté vigorously defends the notion of extended adolescence against the "*dangerous myth*" of emerging adulthood which, he maintains, is being used both socially and politically to inform thought and policy-making – and that this is to the detriment of young people and society as a whole.

The UK's *The Guardian* newspaper reported on British youth¹⁰ at risk of being a lost generation with economic prospects worse than for several generations, and pay below the minimum wage.

Bourdieu (1977; 1990) has written of the *habitus* as the distillation within the individual of the compound influences of society, language and culture. Rytovaara (2015) says this gives a social dimension to the collective unconscious. Brown (1986) links this to the "*original foundation matrix*" (p26) that affects everyone and contributes to the "*neurotic conflicts, reactions and early trauma*" (p25) of all of us.

¹⁰ <http://www.theguardian.com/society/2015/oct/30/britains-youth-at-risk-of-being-lost-generation-warns-equality-report>.

Adolescent Breakdown and Suicidality

The encounter with the self in adolescence is a key factor then in mental health – specifically the ability of the young person to come to know and manage the more disturbing aspects of their personality (Anderson, 2000).

Adolescent breakdown occurs when the demands on the adolescent psyche to process and make sense of what is being appraised becomes overwhelming: old defences no longer hold, there is insufficient containment, and also a fear of intimacy or of exposure - the ego can become overwhelmed; Fonagy *et al* (2004) make the case for cognitive factors as a key precipitant in adolescent breakdown. The young person's resilience and inner resources will also depend on how his experiences were managed growing up.

The Jungian focus is on the self-regulating, compensatory psyche and teleological thrust of adolescent development which also includes the need to engage with the Shadow archetype and the destructive potential inherent in adolescence as part of the psyche longs for its own annihilation (Rytovaara, 2015). This may be masked behind imploding impotence and a lack of agency, or the planned surrender into the arms of the Dark Mother in the long sleep of the overdose (Rytovaara, 2010), as well as an attack on parental objects (Bell, 2010). There is also a searching for the self through the exploration of me/not-me, self and Other; of sameness and difference - as seen, for example, in the fluctuations in group membership (Briggs, 2008) – or as mimesis and alterity as anthropologist Taussig (1993) has explored – and the conclusion that identity is not a fixed or stable phenomenon.

Indeed the current popularity for online role-playing-games provide opportunities for mimetic encounters with aspects of the self – or can be an interactional transitional space for exploration of the boundaries of the self (Rytovaara, 2015).

Taking up the more traditional debate explaining adolescent breakdown in terms of sexuality and a failure of separation from same-sex parent, Fonagy *et al* (2004) argue that the picture is more complicated. Citing the ever-younger age for the onset of puberty yet the persistence of adolescent breakdown in the teenage years, the authors suggest the likely presence of an earlier, masked, but precipitating developmental pathology, and also a neo-Piagetian view about the demands of abstract reasoning and social cognition on the adolescent mind that becomes overwhelmed as the complexities of human interaction and motivations are grasped. Adolescence, they argue also marks the start of the developmental tasks around coherence and meaning-making – although many of the so-called ‘mindless’ pastimes of adolescence could be linked to the wish to avoid the pain and anxiety of this “*enriched mentalising*” (Fonagy *et al*, 2004, p 323) with a form of psychic retreat perhaps (Steiner, 1993; 2011; Rytovaara, 2015). It is the anxieties encountered in the enhanced emotional and cognitive complexities that can precipitate breakdown, suggest Fonagy and colleagues, and also Knox (2011).

There is often a fine line between the normal features of adolescence - eg, fed-upness, introspection - and the more abnormal - depression; rumination (Laufer and Laufer, 1984; Anderson and Dartington, 1998). The primordial experience of the adolescent is one of loss and mourning (Anderson and Dartington, 1998; Waddell, 2002a; Coleman, 2010) and depressive times, loneliness and a sense of alienation or exile but

this belies the depth of transformation that is underway.

Winnicott (1963a) writes of the task of adolescence as “*struggling through the doldrums*” – the disaffection, sense of futility and inertia to be tolerated and survived in the service of maturation.

Jean Knox (2011) writes about self-agency as an organising function within the personality and the link between a lack of self-agency and suicide. Although referring largely to adults, and citing Durkheims' idea of *anomie*, with its notion of the fragile interplay of self and interpersonal contexts, it nevertheless provides an indication of some of the precipitating features of the sense of self-alienation that form part of the adolescent's suicidal ideations and complex presentation, and suicidality as a rupture in the experience of self, including the embodied self. Bell (2008) quotes Freud, that:

“The ego can kill itself only if...it can treat itself as an object”¹¹

Bell maintains that underpinning all suicidal acts is an attack upon the self, which has become identified with a hated attachment figure. Maltzberger (2008) writes of the raw aggression stemming directly from the superego that attacks the vulnerable unprotected self and that it is an act of grandiosity as reality is abandoned and suicidal self-attack occurs as a means of escaping from intolerable pain.

Ladame (2008) and Briggs (2002; 2008a,b) have written of the impact of a suicidal attempt on subjectivity, which becomes suspended as painful experiences and thinking capacity become denied. Briggs further writes of the complex underlying precipitants and psychotic delusions that allow for the severing of mind from body, and the body objectified to the point of an immortal

¹¹ Freud, 1917 p. 252.

component - nevertheless remaining alive to monitor the impact of the suicidal act on others.

Rytovaara (2015), who works in an adolescent inpatient unit, asserts that for some adolescents, the liminality and cusp between life and death is where they feel most truly alive, although this can be a precarious balancing act: having a catalysing effect on the side of life, or else luring towards 'complete mimesis' to threaten not only development but life itself.

Adolescent Mental Health and Public Health

Adolescent mental health is a national public health issue: Department of Health (2011) figures quote 50% of all lifetime mental health disorders beginning before 14 and 70% by age 24 (MHG/DH 2011 p. 50), and as risk factors for adult mental health disorder (Midgley *et al*, 2013; Patton *et al* 2014). In *Mental Health Research Priorities for Europe*, Wykes *et al* (2015) appeal for strong parity in service provision between mental and physical medicine – expounding that most mental health problems are chronic – giving an even higher rate, 75%, of mental health diagnoses by age 18. The government's 2014 *Future in Mind* document also reports on the “burden of distress” – the psychosocial and financial burden of adolescent mental health difficulties, its link to adult psychiatric disorder and the need for earlier intervention; it estimates that some 60-70% of young people are not seen early enough. Even in 2005, Cottrell and Kraam pointed out that a gap was appearing in child and adolescent mental health services between the evidence for effectiveness in interventions, and its provision and delivery. We know from experiences in CAMHS (eg, Keenan *et al*, 2013) that young people referred to mental health services do not present with

neat psychiatric diagnoses but with complex psychosocial pathologies and “*predicaments*” (see Cottrell and Kraam, 2005) occurring in problematic relational, and often systemic, contexts. We know too that the longer the duration of adolescent problems, the greater the likelihood of mental health disorders persisting into adulthood. Meanwhile Hacking (2013) demonstrates that the classification of mental disorder into diagnostic categories has an impact on what is classified – and what is diagnosed, thus skewing, and contributing to the prevalence of symptoms as a cultural construct.

Beck (2006), in his public lecture, speaks of a society that is so risk-averse that risk cannot at times even be thought about. This has particular resonance for adolescent mental health.

Furlong and Cartmel (2007) write of the precarious psychosocial challenges of older adolescents where the stresses and risks of multi-factored unknowns are a far cry from the reliable future of a previous generation when young people left home in the traditional way, post-university, or on leaving school and securing a first job. These commentators assert that these profound societal changes have implications for mental health, referring to the “*epistemological fallacy*” of the media-driven individuation *zeitgeist* that propels young people less towards achievement and more towards breakdown as the canonical notion of individual responsibility – or, each man for himself – is at odds with the lived experience and social reality of economic downturn, precarious labour markets and unaffordable housing. Furlong and Cartmel (2007) write instead of the “*individualisation of risk*”, adding that: “... *situations that would once have led to a call for political action are*

now interpreted as something which can only be solved on an individual level through personal action".

The authors then cite Beck (1992) that such circumstances, experienced subjectively, may also infact galvanise agency and, so, change. Briggs (2008b)also makes a plea for the sense of agency that can nevertheless prevail.

Adolescents and Group Therapy

Breakdown of the adolescent process is well documented and carries a significant morbidity. Adolescents are a particularly vulnerable but heterogeneous group, but as we've seen adolescent mental health is a complex picture with co-morbidity and compounding vulnerabilities, such as social isolation.

It is suggested that psychoanalytical group psychotherapy can be a powerful and effective therapeutic intervention for adolescents. The therapeutic remit is to go beyond symptom alleviation to the fuller, healthful functioning of the person in the world – and in the way s/he relates to him/herself and to others. A psychotherapy group can then offer young people a space to contain, explore and work through the issues that could derail development into adulthood, possibly leading to further reliance on mental health services.

As we have seen, powerful processes are at work in the individual adolescent – both in the service of development but also working against it. As well as learning from personal experience in the group, the young person can also learn from the experience of other group members, as we shall see.

The therapist or co-therapists offer a safe and boundaried containing space, in a reliable weekly setting, and hold the 'frame' of the group for the therapeutic encounter to occur. The group process – which follows - allows for the exploration of difficulties and difference, and the nature of the relational connections between group members and also towards the therapists. Ultimately these connections can provide a more inter- and intra-subjective way of relating - and for adolescents, can facilitate the transition to adulthood.

Psychoanalysis and Groups

One paradigm for thinking about what happens in groups is psychoanalysis (see Bateman *et al*, 2010 p 154 *et seq*). Freud was quite taken with the negative attributes of groups – perhaps not surprisingly given the mass destruction and human ravage of the First World War. Freud saw a social psychology in the individual psychology (Freud SE18), and the blind, collective, hypnagogic quality that could often occur in groups as threatening to the individual ego as it was overpowered and succumbed to a largely regressive and negative influence.

The schools of thought focussed on here are still largely psychoanalytic but based on the work of two psychiatrist-psychoanalysts working with service personnel during the Second World War at a time when there was great concern about the low morale of troops and the impact of this on winning the war. It is a compelling story with an outcome that led to a new psychoanalytic treatment modality. The lead players were bold, innovative, and independently minded; two men in particular, Major Bion and Major

Foulkes¹² individually set in train a delineation of, on the one hand, the powerful primitive psychic processes operating below the surface of observable behaviours in groups, and on the other, an understanding of how each individual in a group is the moment about which change in the group can occur.

Northfield and after

These developments were the Northfield Experiments, named after the Victorian asylum the British Army had requisitioned and renamed. And it was here that invalided soldiers with severe psychoneurotic diagnoses were sent for treatment and rehabilitation. Psychiatry generally was held in poor regard at the time, and psychiatry as might benefit ill or recalcitrant soldiers crude and barely fit for purpose (Shephard, 2002). Northfield had a hospital wing and a training wing; the ruse was to stay as long as possible in the hospital wing – bed-wetting, for example, might ensure this (Shephard, 2002). Meanwhile, in the training wing, resentment was high, with much acting out in an endeavour to prove the assessors wrong. In late 1942, Major Wilfred Bion was put in charge of the training wing. Here, undaunted by the general chaos, he seems to have insisted only on a daily noon parade and that the men should organise themselves into various groups. The rationale was that whatever the individual soldier's neurosis, it was now a collective neurosis – a collective issue, with a collective responsibility. Neurosis was a danger to the group (Bion, 1961 p 13), and Bion's endeavour was to ascertain whether the men could overcome their interpersonal tensions for the greater co-operative

¹² This is perhaps a little misleading: Bion was at Northfield with Rickman; Foulkes was at Northfield coinciding with the arrival of Tom Main and Harold Bridger some time later.

good (Bion and Rickman, 1943). As Bion (and Rickman¹³) looked on, allowing emotional reactions to occur in their own time (Hinshelwood, 2007), the men wallowed, wailed about shirkers, but eventually organised themselves to work. Audacious and inspired, this became known as the First Northfield Experiment. It lasted about 6 weeks – then axed largely owing to superior officers not having been notified – but it had lasting influence. Bion believed there was such a thing as a ‘group mentality’ that could work to undermine an individual’s rational and on-task purposefulness, and that the individual’s importance was secondary to the collective, the group (Hinshelwood, 2007; Hume, 2010).

Some weeks later (early 1943), a German-born, psychoanalyst living in Devon - who had been asking himself what his patients in the waiting room would say to one another if they met - was called up, and arrived at Northfield where he introduced psychoanalytic therapy – but in small groups. He invited the men to talk about anything in particular and, intervening only rarely, Foulkes found that initial general discussions then led to personal sharing and interpersonal exchanges, and in turn to an understanding of some of the mental mechanisms that got in the way of relating. This became the Second Northfield Experiment. Foulkes was later to develop this treatment concept to include thinking about the entire hospital as a therapeutic community (Pines, 1993). In early 1945, Tom Main (previously psychiatric adviser ahead of D-Day) also came to Northfield, and building on the endeavours of his colleagues further developed the whole-hospital therapeutic approach.

¹³ Rickman was a Quaker, and it has been suggested that his stillness encouraged a more observational stance – eg, Hinshelwood, R. (1999) Introduction In Harrison, T. (2000) *Bion, Rickman, Foulkes, and the Northfield Experiment: Advancing on a different front* London: Jessica Kingsley Publishers.

Bion and Foulkes never met, were not psychoanalytical contemporaries, and never acknowledged each other's work it seems (Hinshelwood, 2003; 2007) yet each left a legacy of new psychoanalytic thinking and treatment. Bion and Rickman founded the Tavistock model of group relations; Foulkes founded the Group Analytic tradition, with sociologist Norbert Elias. And just as their respective institutional buildings reside side by side in north London, so too do their bodies of work, although, in clinical practice (as we shall see) there are areas of overlap, and indeed a dialogue (Brown, 1986). Bion's and Foulkes' legacy was that of the dialectic between the group and the individual. For Bion, it was that humans were group animals at war with their 'groupishness' (Bion, 1961, p131, and how unconscious wishes can conspire to work against conscious ones; for Foulkes (Foulkes, 1948) it was that the group provides the structure (the "matrix") out of which the individual can emerge, and that it also provides the normative, perhaps civilising, experience from which the individual may still at times stray into ill-health and neurosis.

The origins of Bion's and Foulkes' interest in groups is likely to have stemmed from their formative years: for Bion, this was his English boarding school experience, and as a tank commander during the First World War, (Hinshelwood, 2003). Foulkes, German-born (Fuchs), served under the Kaiser as a signalman, yet would have witnessed later on the triumphant rise of the National Socialist party (Hinshelwood, 2003; 2007) and the ensuing power shift during the Weimar Republic. Pines (2000) suggests that these men's contrasting war experiences informed their differing perspectives on groups – certainly that Bion's traumatising experiences at Ypres and Flesquières (Bion, 1982) never left him and in fact impelled his preoccupation with primitive psychic and psychotic processes.

What happened in groups became for Bion something of an ontological project (Hinshelwood, 2003), though he was, like Foulkes, interested in the “*whole field*” (Hinshelwood, 2007) of group endeavour. For Foulkes, whose background had also included Gestalt psychology and an interest in sociology (Pines and Hearst, 1993), groups afforded a different focus: they were dynamic, almost kaleidoscopic in their propensity for patterns of limitless, logarithmic interaction; like Bion, Foulkes was also interested in the group-as-a-whole but from the viewpoint of the individual: from the individual's embedded relationship in the group (Hinshelwood, 2007):

It is a form of psychotherapy *by the group, of the group*, including its conductor.

Foulkes, 1975 p 3

Both then viewed the “*whole field*” of group dynamics – ie group-as-a-whole (Hinshelwood, 2007). For Bion, whose background included a large organisation, the British Army, this meant the group over and above the individual; for Foulkes, who came to groups after many years as a psychoanalyst, and influenced by the Frankfurt School sociologist Norbert Elias (with whom Foulkes and colleagues were to found the Institute of Group Analysis (IGA) in 1971), it was the embedded relationship of the individual in a group and within a group (Hinshelwood 2007) that was key.

Bion's call was for group members to invest their energies into the struggling group itself rather than their own problems, and to adopt a heuristic perspective (Lawrence, 1996). He suggested that the “*power of the group to fulfil the needs of the individual...is challenged by the group mentality*” (p55), and that the group “*can be regarded as an interplay between individual needs, group mentality and culture*” (Bion, 1961 p 55).

W.R. Bion (1897-1979)

Bion's *Experiences in Groups* (1961) is widely regarded as a seminal work in group psychotherapy. Though not without its critics (eg, Brown, 1985), it nevertheless underpins Bion's broader discourse on thought and thinking (Ogden, 2009).

Bion conceived of what happens to people in primitive states of mind, elicited, for example, when people come together in a group, as the result of the conflictual pull towards being an individual on the one hand, and towards being a group animal, on the other, and that they emerge according to the person's inherent 'valency'¹⁴. Bion conceived of a Group Mentality, and a Group Culture: the former being the unified expression of the group's will (Bion, 1961, p 65); the latter being a function of the conflict between the individual's wishes and the will of the group (*op cit*). When given a task to perform, the group actually functions on two levels: on the one it could act rationally and consciously and focus on the task in hand (including managing reality testing and differences), and designated the Work group, or anxiety could lead to 'splitting' as a reaction to more psychotic anxieties. Bion found that then, the group could perform defensively, and in such a way as to indicate that it had brought about a *basic assumption* (ba) about itself (Bion, 1961, p 62 *et seq*; Lawrence *et al*, 1996; Brown, 1985) – in fact a phantasy (*cf* Ogden (2009) p 93) -which then interfered with the group's explicit task of work. When, for example, the unconscious phantasy is to find a leader to meet the group's needs and find a solution which would save the group, the group is

¹⁴ This is a term – perhaps borrowed from chemistry – denoting the inherent tendency to attract the enactment of a particular attribute. Garland(2010) suggests that therapists often have a valency for the deprived or damaged, and she highlights the risks associated with this (*op cit* p 109).

said to be a Basic Assumption 'Dependency' mode; and institutionally, this could perhaps be recognised as the Church (Brown, 1985). Another 'basic assumption' mode – and there could be many, said Bion though he delineated three (but see Lawrence *et al* (1996) for an account of five in total) – was 'Flight-Fight', brought about by a sense of an imminent threat – real or imagined – against which the group needed to mobilise itself to either fight or get away; the paramount objective being to achieve safety: unwanted or uncomfortable feelings could be displaced elsewhere, projected outside the group. In another 'ba' group mode, 'Pairing', the unconscious phantasy is that the group's survival would be guaranteed if it could pair off two members of the group who together might be able to produce something – while the rest of the group remained passively expectant (Brown, 1985). Perlman makes the notably apt comment that these paradigms are patriarchal (Perlman, 1992) – which they are! – but perhaps because they relate to a bio-evolutionary state of functioning (Hinshelwood, 2007).

Dennis Brown (1985), in a spirited critique, rounds on Bion with the challenge that 'basic assumptions' are not used in therapeutic groups¹⁵; that no one trained in the Foulksian tradition uses them and that as for the Bion groups of the Tavistock perhaps this explains why they were so unsuccessful and frustrating – alluding perhaps also the different analytic styles of Bion and Foulkes: Bion more "*distant and oracular*" (Brown, 1985) (or plain "*oracular*", Bion says

¹⁵ "...in therapeutic groups at the Tavistock today, we do not attempt to follow Bion to the letter...the Foulkesian method... is now favoured as the treatment method for patients in groups..." Hume, F. (2010) pp 115/116 In Garland, C. (ed) (2010) *The Groups Book: Psychoanalytic Group Therapy: Principles and Practice* London: Karnac. Schlapobersky (2016) endorses this view (p 204) adding that for some patients the Tavistock method could be re-traumatising.

of himself! (Bion, 1961 p 56)); Foulkes more avuncular, possibly. Yalom (1985) also takes issue with Bion and the limited role of the therapist. Hinshelwood (2007) remarks on the “*almost extinction*” of Bion’s method and links it to its relentless assault on the patient’s narcissism. There are exceptions, of course, eg, the child psychotherapy groups at the Tavistock Clinic (cf Reid, 1999; Devi and Fenn, 2012). But Bion came to groups via his experiences of a large organisation, the British Army, and his legacy regarding group dynamics is perhaps greatest with organisational dynamics. Bateman *et al* (2010, quoting Brown, 1986) suggest that basic assumptions may tend to occur where the context is less democratic and more autocratic – as in such institutional settings.

Bion’s theory has become the basis of a substantial tradition of ‘Group Relations’ consultancy work and training offered by the Tavistock (Institute) and the institutions it has influenced worldwide.

Menzies-Lyth (1988) applied the group relations model to thinking about social defence systems – such as in nursing. Here, she understood how the objective (unconscious, and never wholly successful) was to prevent the nurse from coming into contact with troubling emotions - which were felt to be dangerous and to threaten social cohesion – ie, the nursing profession as a whole.

Armstrong (2005) writes about the consultancy work offered by the Tavistock Institute to organisations, and the links between psychoanalysis, group dynamics/group relations, open systems theory and experience of the workplace. Here, close attention and, in due course interpretation, is given to the emotional experience in the meeting between the Tavistock consultant and the client. This includes not only hearing about the malaise and discontent

perhaps but also fathoming the personnel's conscious and unconscious internal construct of the company/ organisation/ institution (the 'organisation-in-mind', Armstrong, 2005) and the ways in which these inhibit, hinder or compound organisational difficulties - or indeed might be a response to projections the organisation has elicited in its employees. Meanwhile the employees' own personal inner worlds of are strictly off-limits.

The dialectic between the Group Relations and Group Analytic stances of the work of Bion and Foulkes is revisited in the Findings chapter as this is explored in the context of clinical work.

S.H. Foulkes (1898-1976)

Foulkes came to group dynamics as an experienced psychoanalyst. Foulkes was influenced by the Gestalt movement and also the sociologist Norbert Elias, and 'Figurational Sociology'. Foulkes read (indeed, reviewed) Elias' *Über den Prozess der Zivilisation* published in 1939¹⁶. Elias drew on the history of social etiquette and behaviour to delineate the development of social structure and its impact on human nature and personality. Elias used the term *habitus* (since popularised by Bourdieu)¹⁷ to refer to second nature – ie, that personality is in part the result of the habituated acquisition of social and cultural norms in which the person is socially embedded (see Mennell, 1997). In an interview with group analyst Dennis Brown (Brown, 1997), Elias explained how the individual and the society he is part of are interlinked and of equal weighting¹⁸: it is a question of focus as to which is in the foreground and which more receded – and Brown makes the link to Foulkes' notion of the figure-in-ground,

¹⁶ Published later in English as *The Civilising Process*.

¹⁷ Pierre Bourdieu (1977) *Outline of a Theory of Practice*. Cambridge University Press.

¹⁸ In this context Elias aptly quoted prime minister Margaret Thatcher's 1987 remark "There is no such thing as society".

a key group analytic concept; clinically, this also takes into account the dialectic of the individual's pathology in the hub of the group's ground, something we will explore further in due course. Pines (1997) in his comments on the centennial commemoration of the work of Elias, writes: "*Psychoanalysis and historical sociology are the figure/ground components*" (Pines, 1997).

But there is much more in Elias' work that seems to have influenced Foulkes' thinking – and indeed psychoanalysis (Rustin, 2009a). Foulkes emphasised the inherent importance of communication and connecting as part of the therapeutic process; he emphasised the intersubjectivity and relational aspects embedded in a "*relational matrix*". Foulkes saw a matrix of connections and communications as occurring and created in the transitional space between group members and the therapist(s). Undirected group discussion within the context of the group matrix, could make possible layers of encounter creating a rich texture of multiple transferences and levels of communication. This calls to mind the image of a maypole, and the dancers and ribbons and braiding giving an impression of all the interconnections possible (*cf* Richeson, 2009 for an exposition of the complex mathematics within maypole dances).

Foulkes and Group Analytic concepts

Zinkin (1994) alluding to Foulkes (1964) states that Foulkes identified the following as specific Group Analytic phenomena which he also felt were integral to the therapeutic functioning of the group:

- *Social integration*
- *Mirror reaction* – seeing in others aspects of our own disturbance; this reduces the need for projection

- *Activation of collective unconscious and Condenser* – distilling out of motifs and themes and symbols in the group
- *Exchange* – free-floating discussion
- *Resonance* – the reverberation in the group of feelings and themes; this stirs and heightens emotional awareness of the community of the group and creates social bonding (Nitsun, 1996). Yalom (1985) believes this is a key therapeutic feature of group psychotherapy.

All of this contributes to the generation of the Group Matrix, a hypothetical weave of relationship, communication, intrapsychic, interpersonal and transpersonal interrelationships within which the individual has moment.

Other proponents of group psychotherapy notably include:

Irvin Yalom

An award-winning professor of psychiatry, Yalom writes compellingly on groups – their strengths, pitfalls and the dynamics of group therapy. He has written on the theory, practice and process of group therapy, identifying group cohesion as an important pre-requisite for the development of other therapeutic factors as well as short, more anecdotal volumes which give a powerful sense of the life of a group, and the struggles of an individual within it – although Nitsun (1996) maintains that it is a “*deceptively optimistic*” view.

Yalom’s theoretical roots are not immediately clear: he is critical of Bion, but makes barely passing reference to Foulkes, or indeed to

Moreno, Lewin, Slavson or Wolf¹⁹. He writes at length on the therapeutic factors at work in groups, and alludes to a study he undertook in 1967 using Q-sort factor analysis to look at factors predicting improvement in group therapy²⁰. He views the group as a social microcosm and also as an opportunity to 'correct' the experiences of the primary group – the family that we are born into. In *Love's Executioner* (Yalom, 1989), he writes:

Each of us establishes in the group the same kind of social world we have in our real life... p 77

Yalom's groups are for adults; in fact there is no mention of adolescents in his book, but he is explicit and detailed in his description of technique and the strengths and pitfalls of co-therapy (*"how the co-therapy goes, so will the group"*) - and taught me not to shoot from the hip.

Morris Nitsun

Morris Nitsun has made an important contribution to group analytic theory in his identification of the 'Anti-Group' (Nitsun, 1996) phenomenon at work in therapeutic groups. Taking Foulkes (and Yalom) to task for their perceived idealisation of groups, and Foulkes particularly for his "naïve" sociobiological perspective and the pursuit of a Whole ideal that lacked the conceptual framework of Jungian theory (p 41), Nitsun does nevertheless also pay tribute to Foulkes, albeit writing about his "creative" and "flawed" vision. Delineating something akin to the Jungian notion of the Shadow, Nitsun writes of the anti-group:

¹⁹ Schlapobersky (2016) indicates that Yalom was influenced by Harry Stack Sullivan.

²⁰ Yalom, I., Tinklenberg, J. and Gilula, M. Curative factors in group therapy – unpublished study. Yalom, I., Houts, P., Zimerberg, S and Rand, K. (1967) Prediction of improvement in group therapy *Archives of General Psychiatry* 17; 159-68.

it is not a monolithic force that inevitably destroys the group...[but] a complementary relationship with creative group processes but requiring recognition and handling in order that the constructive development of the group can proceed” Nitsun, 1996, p 45

Didier Anzieu

Anzieu was interested in the role of unconscious phantasy in the life of the group, and developed an idea of the group ‘envelope’ - a collective group illusion that envelopes the group – such as an ego ideal, for example (Anzieu, 1984;1989). Anzieu felt that the attraction of a group linked to a deeply felt need for sharing or hoping to share experience.

Caroline Garland

Caroline Garland is an ethologist, psychoanalyst and a group analyst who has trained in both the Foulkes and Bion traditions. She has written extensively on groups and group phenomena – including *The Groups Book*, which includes a treatment manual – and was instrumental in setting up the Tavistock’s trauma clinical and research unit. This work, combined with group analysis has since extended to clinical work with asylum-seekers and refugees.

Other contributions

Brown and Zinkin (1994) and others have written of the contribution of Jungian thought to group analysis. This particularly pertains to the concept of the collective unconscious, and the recognition of diversity within unity. Additional, related thinking is to be found also

in writing of Lene Auestad (2016), and also physicist David Bohm (1980), who writes:

The theory of relativity was the first significant indication... of the need to question the mechanistic order... instead, reality [Einstein proposed] be regarded from the very beginning as constituted of fields...'unified field theory'... Ultimately, the entire universe...has to be understood as a single undivided whole, in which analysis into separately and independently existent parts has no fundamental status. p 173/4

Other Forms of Group Therapy

There seem to be many therapeutic interventions that occur in groups. Mostly their theoretical bases takes us outside the scope of this endeavour as they are not wholly psychoanalytic in theoretical approach - even though the reasons behind their developments are no less noteworthy; they include Systems Theory, Family Therapy, and Psychodrama.

The Contents page of, for example, Kaplan and Sadock (1993)'s *Comprehensive Group Psychotherapy* lists a variety of group psychotherapies currently being practised (in this example, in the USA) giving an indication of the impressive range of theoretical models of group therapy – viz: Cognitive Behavioural Groups; Client-Centred Groups; Forensic Groups; Gestalt Group Psychotherapy; Group therapy with Specific Populations – eg, adolescents; Interpersonal Groups; Object Relations Groups (eg Trisystemic Model); Psychoanalytic Group Psychotherapy; Psychoanalytic Group Analysis; Psychodrama Groups; Short-term Group Psychotherapy; Systems Theory Groups; Transactional Analysis Groups – all comprising a rich body of clinical work but one that

does not readily lend itself to comparison owing to differing theoretical and clinical frameworks.

Research and Clinical Studies of Psychoanalytic Group Psychotherapy

There have been increasingly impassioned pleas for research in child and adolescent psychotherapy (eg, Midgley, 2004; 2006; Fonagy, 2003) – looking at its processes as well as its outcomes. Formal studies of psychoanalytic psychotherapy with children and adolescents are few (eg, Kennedy, 2004; Kennedy and Midgley, 2007) as reviews tend to look at all treatment interventions for children and young people with mental health difficulties (eg, Fonagy *et al* 2015).

Fonagy (2005), in an “exhaustive” review of the literature on adult psychotherapy outcomes originally commissioned by the DoH, draws attention to the critiques of research methods. This in turn flags up underlying erroneous assumptions: for example, that most patients present with a single, uniform Axis 1 diagnosis rather than with complex comorbidity (see Hacking, 2013) or that psychopathology is a largely superficial phenomenon requiring only short interventions; or further, that mental health disorders can be treated uniformly without recourse to considering underlying systemic or constitutional factors or personality.

Midgley (2009) and Fonagy (2009) have individually highlighted the diverse nature of ‘child therapy’ (“...currently, ...over 500 distinct clinical approaches to psychological therapy for children” Fonagy, 2009) so that only 1% of the 3.6% of cases of individual ‘child therapy’ treatment were for psychodynamic psychotherapy; this

gives an idea of how narrow our frame of relevance is when searching the literature: for, for psychoanalytic group psychotherapy with adolescents it is indeed narrower still.

Indeed, although not apparent at the outset, it rapidly became apparent that - despite the long tradition of individual therapeutic work with children and adolescents, and the wealth of publications on working individually - very little had been written about psychoanalytic group psychotherapy interventions with adolescents. This meant then that this thesis would be moving into uncharted waters, and attempting to bring a psychoanalytic group therapy intervention with adolescents alongside the literature extant, which would of necessity have to include incursions into related fields such as sociology and social anthropology since the literature on psychoanalytic group psychotherapy – ie in the Group Analytic and Tavistock Group Relations traditions - pertains very largely to adults.

Even then, there seem to be few formal studies of psychoanalytic group psychotherapy. Studies of group therapy (eg, Hoag and Burlingame, 1997; Burlingame 2003) or even literature reviews (eg, Barlow, Burlingame and Fuhrman, 2000) tend to pertain to non-psychoanalytic groups.

In Fonagy *et al*'s tome *What Works for Whom – A Critical Review of Treatments for Children and Adolescents* (2015) there is no mention of psychoanalytic group psychotherapy. 'Group therapy' is indexed for depression, anxiety, child maltreatment and substance abuse – but in all cases refers to group CBT – with or without additional psychoeducational groups or family/systemic therapy. Similarly, Kazdin and Weisz (2003) in *Evidence-Based Psychotherapies for*

Children and Adolescents delineate an array of psychotherapeutic interventions but none is psychoanalytically informed group work.

Bamber (1988) in his 'Special Section' on group analysis with children and adolescents, had already written of this as a "neglected area" in 1988. Anthony's slim 1965 Pelican volume is cited, and in the 20 or so years between that publication and his own, Bamber says he has only been able to find three articles and one report on group analysis with children and adolescents.

In the same issue of *Group Analysis*, Behr (1988) explores some clinical issues in the work with this client population – particularly around the notion of boundaries, language and the value of co-therapy.

Evans (1988) explores some of the literature on group analysis with adolescents. He writes of his joint work with Bowlby with delinquent adolescents, and their discussions to find objective criteria for outcome monitoring. In his literature review he cites Scheidlinger²¹, and the allocation of group interventions for adolescents into 4 categories: group psychotherapy; therapeutic groups; human development and training groups; and self-help groups. This is not dissimilar to the scope of interventions cited above. In terms of psychotherapy and therapeutic groups, Evans cites Scheidlinger stating that the most important paper dated from 1955²² which was a review of curative factors from 300 group therapy articles and classifying these thematically. Evans also refers to Yalom's work (mentioned above) and Bloch and Crouch (1985) in their review of the literature extant – likely as not the same collection as Evans' -

²¹ Scheidlinger, S. (1985) Group treatment of adolescents: An overview *American Journal of Orthopsychiatry* 55 102-111.

²² Corsini, R.J. and Rosenberg, B. (1955) Mechanisms of group therapy: process and dynamics *Journal of Abnormal and Social Psychology* 406-411.

and likely therapeutic factors. As Evans points out, the consensus seems to be that ventilation of feelings is cathartic and that understanding oneself better is invaluable, but that these experiences do not necessarily pertain to group therapy, and therefore key questions remain around what is therapeutic and why and in what circumstances – questions that takes us to our research enquiry.

The rest of Evans' paper continues to refer to studies over 30 years old. In one issue of the journal, Elizabeth Schardt and Brian Truckle (1975) have provided "Notes on a Counselling Group" for adolescents, which stresses the needs – and value - of the co-therapists, as well as the changing needs of the fluctuating membership.

Lepper and Mergenthaler (2005) take as their starting point an overview of some group process research, notably work by Yalom that identified group cohesion as an important therapeutic factor. The authors wanted to explore this phenomenon but to move beyond subjective reports, and the purpose of their study was to use the Therapeutic Cycles Model (which identifies linguistic markers for psychological constructs) and conversation analysis applied to a single case study in an endeavour to uncover group process phenomena in a procedure described as being akin to placing a slide under a microscope. The hypothesis is that underneath the surface of group discourse there are interactions of two kinds of mental activity integral to the therapeutic process: the apprehension of cognitions and of affect. Although this is impressive, a concern might be that the meaning is lost sight of – for group experience is always more than the sum of its parts, as indeed the authors state at the outset.

However, the development of the psychotherapy Q-sort (Jones, 2000) for child psychotherapy (Schneider and Jones, 2004; Schneider *et al*, 2009; 2010) and more recently for adolescent psychotherapy (Bychkova *et al*, 2011; Midgley *et al*, 2013; Calderon, 2014) holds some promise for delineating the nature of these therapeutic interventions. These studies present an innovative methodology and “a new stream of discourse” (Schneider *et al*, 2010) for capturing in language and process psychotherapy with children and adolescents using the Q-sort: “*The CPQ offers an objective rating methodology (Q-methodology) that draws on the rater’s subjective accounts and formulations of entire psychotherapy sessions and addresses the halo effect of subjectivity...It thus offers a different level of analysis of psychotherapy process with children that builds on the back and forth between objectivity and subjectivity that is characteristic of clinical reasoning*” (Schneider *et al* (2010 p 95). This is a methodology that could possibly be extended to group therapy, but would need adapting to group material and dynamics.

Psychoanalytic Group Psychotherapy with Adolescents

Very little has been found in the Literature on psychoanalytic group psychotherapy with adolescents, but the following are notable exceptions:

Wood (1999) describes the formation and work of an impromptu adolescent group in an inpatient unit, and the transformation that occurred from “*silent scream*” to “*shared sadness*” as the therapist responded to the needs of the group, being particularly attentive to affective attunement.

Billow (2004)²³ writes of his work with a group of 15-19 year old adolescents with antisocial tendencies, and the lure to avoid thinking in order to avoid pain. He describes himself as therapist representing to each member and to the group as a whole “every hated and feared adult” but also “the defiled and longed-for object”. He describes his perceived need to engage the group at different “relational levels” in order to nurture thinking, and foster the linking of thought to experience. Although the membership of the group fluctuated, it nevertheless ran for 3-4 years – with some members staying for the duration. As a container with firm, if navigable, boundaries, and language that was not confined to solely to group-as-a-whole interpretations, Billow says the group had a vital function in enabling these young people to weather their turbulent high-school years – and remain in school.

Alison Wood *et al* (2001) conducted an RCT of ‘developmental group therapy’ for some 50 self-harming adolescents (mean age 14). The therapy endeavoured to meet the developmental needs of the adolescents while also including techniques from other modalities, eg, CBT, problem-solving, DBT and psychodynamic group therapy. Adolescents were allocated to group (with some additional individual sessions) or routine care. The outcome was that group sessions seemed to reduce the risk of repeating self-harming episodes, and that more sessions of group therapy were associated with better outcome whereas routine care was associated with poorer outcome. The authors cite the need for further study, as well as confounding factors.

²³ Billow, who runs a post-doctoral program on group psychotherapy in New York state, has also written *Relational Group Psychotherapy: From Basic Assumptions to Passion* (2003) Jessica Kingsley publishers.

Ghirardelli (2001) has written on a group for younger adolescents with a range of behavioural and antisocial presentations. Ghirardelli writes of the members' use of transitional objects to tolerate unbearable affect – particularly that aroused by the therapist's silence. This group ran for a school year.

Millar (2006) has written on the (male) adolescent's flight from omnipotence to delinquency in an adolescent group. His premise is that adolescence stirs up the omnipotence of infancy and toddlerhood but is now coupled with physical and intellectual strength to challenge those who might get in the way. Invoking "*Newtonian psychodynamics*" Millar focuses on the adolescent's pressing awareness of mortality and the corresponding urge to take on the world regardless of risk. It is a powerful paper, and cites the integral role of parents as benign or malign according to their endeavours to accept and understand, or reject and oppose the adolescent – who's viewed in turn as either a growing individual or as a growing threat.

Conclusion

This literature review has provided an overview of the literature on the psychosocial phenomena of groups, adolescence, and adolescent development. It is an area of abundant discourse and complexity, and where fields of sociology, anthropology, psychology, politics and psychoanalysis– not to mention literature and art and mathematics – overlap and cross-fertilise – and, of necessity, much unfortunately has been left out – for example, Moreno, and social psychiatry.

As economic and political instability seems to be increasingly manifest, and on a global scale, it is inevitable that this translates into a collective and individual burden of stress with mental health sequelae. Children and adolescents are some of the most vulnerable individuals since their physical and emotional needs are in direct proportion to their *teleos*. Foulkes would have said that group psychotherapy had a social remit, and Elias (1987) explored the individual-group dialectic in *Changes in the We-I Balance*; while Beck (2006) writes of the risk inherent in a society where “everyone revolves around themselves”, and in a society that is so risk-averse that risk itself cannot even be thought about. This has particular resonance for adolescent mental health, as we have seen.

Group psychotherapy with adolescents is relatively uncharted. A ‘topographical’ view is provided in the data set of process notes of one such group conducted for 15 months. Some of the research questions to be asked when looking at this data will include:

1. What is the quality of what is therapeutic in the adolescent group?
2. How do therapeutic interactions come about?
3. What are the characteristics of the therapeutic interactions?
4. What is the quality of the emotional interaction between the group members and the co-therapists?
5. What forces then hold the group together?
6. To what extent might this thesis be an important contribution to the field of group psychotherapy with adolescents?

Although broad in sweep, these research questions serve to cast a wide exploratory net to the subject area and phenomena of what happens in an adolescent psychoanalytic therapy group in an

endeavour to capture the core features and qualities of this therapeutic intervention.

What follows now is consideration of how I went about this.

Chapter 2

Methodology, Ethics, and the Group

Introduction

This chapter looks-first at the context for the clinical work that became this retrospective research study, including the setting and the clinical protocol, and then moves to the use of process notes as the data set, its multiple possible readings, and in turn the conceptualisations that helped with my thinking along the way, how the data were analysed and tabulated, and what I did in the end.

The Setting

The Tavistock Clinic offers group psychotherapy for children, adolescents and adults – and also for those with perverse or forensic presentations at the adjoining Portman Clinic.

The history of therapeutic groups at the Tavistock goes back to the 1940s and Wilfred Bion being asked by the powers that be to offer therapeutic groups to patients, even if initially on an experimental basis (see Bion, 1961).

I was involved in the co-running of two groups: the first for about 8 months, and another – this group, the subject of this thesis – for a

period of 15 months²⁴. One patient from the first group transferred to the second. This second group was to become the subject of my research retrospectively - once we were asked about doctoral proposals - as my observations and experiences of the members in the group, and my own responses merited further study I felt. Sessions from this second group were written up as process recordings and came to be the data set for the retrospective research; prior to this were the applications for Ethics, and prior to this the quest for supervisors!.

What is Psychoanalytical Group Psychotherapy?

*"The therapist calls the 'community' into the consulting room where together with the therapist it becomes the therapeutic agent (Tucker, IGA). The idea here is of a co-creative endeavour where by the 'patients' "contribute to a commonly held resource" which forms the basis of the therapeutic encounter. The group analytic stance is that "the most important disturbance is not in the patient but exists between the figures of his past and present networks; disturbance is not located in the individual but between the individual and other people; you can't help me unless I can see how I am in relation to others"*²⁵

Co-Therapists

The group was to have two co-therapists or 'conductors': one of whom was myself, the other (N) was an experienced psychologist and adult psychotherapist with considerable experience of group psychotherapy and group relations conferences.

²⁴ This group continues to this day I am told, although not with all the original members and there have been other co-therapy changes.

²⁵ Group analyst Sarah Tucker speaking on IGA Foundation course 2012-13.

The Group

The group was to be a 'slow-open' group of 8 members maximum to run for a year in the first instance. Referrals had already been received from both the Adult and Adolescent Departments and patient selection and preliminary interviews taken place previously.

The Adolescent Department of the Clinic accepted referrals (and back then, self-referrals) for young people up to the age of 25, this being regarded the natural trailing off for the adolescent developmental trajectory. Inevitably though this meant that there would be some overlap – in terms of age, at least – with the Adult Department. At the initial Intake meeting when referrals were assessed, where it was felt that when the presentation was more to do with adolescent development then this warranted allocation to that department, providing the person was 25 or under. This meant that the group contained some Adult and some Adolescent Department patients; in fact this ratio was about 50:50.

This also meant that our 'dynamic administration' of the group was divided up for convenience along departmental lines.

In the group that is the focus of this research project the age varied from 18-26; there was no one under 18 years and most were around early 20s, and very much struggling with adolescent developmental difficulties in terms of separation from parental figures, achieving educationally, settling into an identity that was authentic, becoming the subject of one's existence rather than the object, and a move towards a more honest way of being with oneself and others.

The frame

The group met once a week in late afternoon, and the co-therapists met regularly both before and after the clinical session. Formal clinic notes were written up on special Group Psychotherapy pro-forma where patients' confidentiality was preserved by a system of alphabetical identities. These sheets were filed in a designated group psychotherapy filing cabinet in the Adult Department while the clinical case notes proper, containing all the referral details and correspondence with other professionals (eg GP) and the patient were kept in the appropriate departments.

The group met in the Group Room on the fourth floor of the Tavistock Clinic, with tree-top views out on two aspects. This Group Room was – as its name would indicate – a designated room for group psychotherapy sessions. It was largely plain and bare save for a framed picture on the wall, a standard lamp (for sessions in the darker winter months); a fan (for sessions in the warmer summer months), some 10-12 fabric armchairs arranged in a circle (and the number of chairs pertaining to the number of members expected to attend, + the therapist(s)), a coffee table set in the middle of this circle with a box of tissues, and a clock on the wall. There was also a phone for ringing down to Reception to invite the group members up. Van der Kleij (1983) writes with passion about 'the setting of the group' and its importance.

The clock on the wall was so that everyone could clearly see the time; the sessions ran for 1 ½h once a week, and the co-therapists between them chose ahead who would "do time" – that is being

particularly mindful of the time and announcing the end of the session punctually.

Foulkes (1948) held great store by the arrangement of the chairs around a low table. It forms a hub-and-spoke to a wheel image and signifies the coherence of the inherent dynamism and connectivity of the structure of the group. To this end the group room is prepared for the clinical session well ahead of time; indeed as co-therapists we would meet there some 30 mins before the group to 'set up', catch up and de-brief as necessary.

If a member had said that s/he would not be attending, then a chair was not put out for him/her (or removed if the circle of chairs was already in place). On the other hand, if a member simply failed to attend the session then the empty chair was a visible reminder of their absence to the group.

'House rules'

The running of the group was governed by certain housekeeping rules of imperatives and prohibitions which the members were told about in the first sessions. These were that anything said in the room was to remain in the room in the interests of confidentiality and maintaining the safety and integrity of the group; thus members did not know one another's last names; similarly, there was to be no fraternising outside the group for the duration of the therapy. Others rules included that any messages or phone calls that were received (by the co-therapists or clinic admin) were set on the table at the start of the session for all members to see – and take ownership of as something which impacted on the group, on its membership and functioning. It was also to demonstrate clear lines of

communication, that the co-therapists were not party to secrets and the withholding of relevant information from the group. There was an expectation that the group would respond to these messages and take up issues with the member on his/her arrival/return.

Research Project

The research project delineated here is a small-scale, qualitative study, focused largely on process, on making use of methods of recording and on the analysis of data similar to those which have been used in other case-based clinical research projects.

Data collection

The process notes I chose to write up were for my own use only and were additional and very separate from any clinical notes recorded in the ordinary way of clinical protocol. Initially I came to write these detailed process notes as a way of trying to digest and understand my own experience of the group encounter – as well as wondering what it was that went on for the members - but with the advent of the request for doctoral proposals, I realised I could in time have a body of process data that might be of use retrospectively in a research project. And this is what I chose to do, and with the application, and then completion and granting of Ethics approval for the study, I did indeed feel I had a data set.

All session process notes were kept on a password-access-only NHS computer or else on an NHS-allocated encrypted USB stick. The group met for 15 months, providing details of most of the 61 sessions.

Ethics

Ethical permission was sought by completing an online IRAS (Integrated Research Application System) for permission to conduct research in the NHS.

The application to the Research Ethics Committee (REC), naming myself as principal investigator, also included a Participation Sheet, with which prospective participants would be provided, along with a participant Consent Form. This was submitted 08/11/2011 for the NRES (National Research Ethics Services) meeting on 07/12/11. I received a letter that the application for ethical review was valid and would be reviewed by the Committee at the meeting on December 7th.

This also necessitated liaison with NoCLoR (North Central London Research Consortium) to register the study as taking place at the Tavistock Clinic – which also included a copy of the research protocol, information sheets and consent forms.

I attended the REC meeting [Ref no: 11/LO/1931] and to a panel of 6 presented the proposed study, answering questions about the study and the research protocol. It was clear that the prospective participants being over-18 made things much easier. Just before Christmas I heard that the Committee felt unable to give an ethical opinion on the basis of the information provided so far and requested further information, which was set out. This included, for example, that the Information Sheet should make it explicit that if someone were to change their mind, and withdraw from the study that any reference to them would in turn be deleted from the

investigator's research notes and thesis. Another request was that the Consents for participation were to be obtained by someone other than the principal researcher.

These amendments were made and the Application re-submitted, and favourable opinion received, dated 15/5/2012.

Arrangement was made for an assistant psychologist to talk to the group about the study outside of the sessions, answering questions and providing consent forms for signature.

Process Notes and the Data Set

The data set comprises 61 sessions, the process notes of which cover about 50 of these meetings. The process notes were written in accordance with psychotherapy protocol: for personal and supervisory use only; clinical case notes were also written in the group files. Not all the sessions were written up fully as process notes - or at all, in some instances. This was for a variety of reasons – most commonly the press of fatigue or of other commitments. But this occurred only occasionally – of 61 sessions, 50 are usable, containing full process details of the group session (some of which are several pages long), or at least valuable notes of the encounter. These notes also contain reflexive commentary.

The membership fluctuated from between 5 and 7 members. Although all told we had 8 members initially, one member was discharged very early on owing to non-attendance (and consent to the study never obtained), and 2 other members joined at different points in the lifetime of the group – according to referrals; it was a high point indeed when N announced with delight that we now

had a waiting list for the group! The group sessions started with 4 of 6 members attending (2 claimed not to know of the start of the group), and ended at Session 61 with 5 of 7 attending (2 had already given their apologies and left for the summer); although, the previous session, Session 60, only one member had turned up (for a discussion on this see later). This session was cancelled: the quorum was 3²⁶; if we had less than three members attend, we would cancel the group; this only happened on the one occasion just cited. So, for any given session, the membership might be 5 or 7, with anywhere between 3 or 7 members attending. For most of the sessions, both co-therapists attended; for 6 sessions, one of us (m) managed the group solo.

Apprehending the Data and Data Analysis

A persistent challenge in thinking throughout this enterprise has been about how to apprehend the material contained within the data set, and to find a model that would help conceptualise it: how to envisage the whole *and* the parts that make up the whole; how to apprehend one without losing sight of the other:

“the relationship between individual and group is full of paradox ... there is no group without individuals...no individual without a group”

Brown, 1986 p28

The initial challenge was how to conceptualise transforming some 60 sessions of group psychotherapy – in which the membership varied, and even co-therapist attendance at times varied – into something coherent. I had my own sense-impressions and understanding and experience of the group (one of the inevitable

²⁶ Yalom (1975)'s view is that it is better not to cancel a session – regardless of how small the group.

features of the clinician-researcher role), and also, I noticed, my resistances. I felt very aware that, for the group, the whole is greater than the sum of its parts (Powell, 1994), so I was wary of any method of data analysis that threatened this, that demanded fracturing the data. The challenge then was how to preserve the *Gestalt* whilst also attending to the group dynamics and the individual members, especially whilst also keeping the research questions in mind.

A repeating image at the back of my mind became that of X-ray crystallography²⁷. This is a well-established and respected method for apprehending microscopic chemical (now, biochemical) structures: a crystal is bombarded with x-rays which in turn create a diffraction pattern (caught on photosensitive film, now on computer) which in turn help identify the crystal's 3-dimensional atomic and molecular structure.

This procedure, I reasoned, could be applied *hypothetically* to apprehending a group²⁸ – but would only reveal the group structure at a given moment, as the group is constantly changing. Then, to ascertain further detail, I thought a set of infrared lenses, or spectroscopy would be necessary, I reasoned hypothetically. This proved a convenient analogy as there are four infrared wavelengths, and specific lenses afford perception of what's visible in each specific wavelength (by blocking out the other wavelengths).

²⁷ These ideas germinated following a Royal Institution lecture by Professor Stephen Curry of Imperial College on X-ray crystallography - "Seeing Things in a Different Light": <https://www.youtube.com/watch?v=qBxZVF3s4cU>

²⁸ Coincidentally, Foulkes (1973) perhaps also touches on this "To do justice to the fact that this mental field of operation very much includes the individual but also transgresses him, I have used the term "transpersonal processes". These processes pass through the individual, though each individual elaborates from and contributes to them and modifies them in his own way. Nevertheless they go through all the individuals – similar to X-rays in the physical sphere" (p.229).

This may be a crude and flawed analogy but it has been one that has helped my thinking as a suggestive metaphor in how to go about conceptualising what happened in this group - how these kaleidoscopic phenomena of oscillating figure-ground (the *Gestalt*) could be apprehended, and understood.

So I continued to play with this idea: that there would also need to be something akin to different perceptual readings (in the broadest sense of the term, beyond the solely visual to include unconscious apprehension and also the transference and counter-transference) and even more implicit readings. Indeed, the co-therapists would be attending to counter-transference as it pertains both to individuals in the group and group-as-a-whole, and to the conscious and unconscious 'dialogue' (Brown, 1986) between these experiences - because each member of the group is present in different ways at different moments - as an individual, as a member of the group and as per the role afforded them by the group (Agazarian and Peter, 1981, quoted in Brown, 1986).

Indeed, the need to keep 3-4, say, differing kaleidoscopic *Gestalt* perspectives in mind in order to follow what was happening in the Group (see Brown, 1986 p 32) was one of the key co-therapy tasks. These 'lenses' 'worn' by the co-therapists were of necessity different. In my case, they comprised: 1) an adolescent/young adult psychosocial/ developmental lens 2) a child psychotherapy lens, 3) retrospectively an 'unpolished' and therefore only partially effective group analytic lens – perhaps acquired 'on the job', and learned from working with my co-therapist but also following a post-training Foundation course in group analysis and enabling me now, retrospectively, to perceive aspects of the group functioning and dynamic. For my co-therapist, N, not a child psychotherapist but a

clinical psychologist, adult psychotherapist, and group therapist, the lenses will have been different - viz: 1) psychosocial adolescent and adult developmental , 2) adult psychotherapy 3) Tavistock group relations and group analytic lenses. And each 'lens' will have its own distinctive theory base as well as psychoanalytic technique.

Meanwhile, there was another lens - a zoom lens that permitted a focussing in on an individual (and there could be up to 7) and also a pulling back out to view the group-as-a whole, or interactions between members. Additionally, there was also a highly reflexive component since the co-therapists are also part of the group, as well as serving and servicing the membership and group-as-a-whole.

But a danger here is that this becomes overly worked and a bit extravagant. There was not a close fit between these concepts and the actual data, but it felt important to work 'up' from the data rather than try to shoe-horn it into existing theory. In any event, so much seemed to be occurring at the same time, and I do feel that at an 'ideas' level it worked, and it has been very useful in helping me grasp the task in hand - although in practice there was no clear demarcation of 'lens switching' in viewing the kaleidoscopic *Gestalt*. Nevertheless, I have a thought that at some future juncture, it might be possible to apply another 'lens' to triangulate (Denzin, 1978 p 291) the data.

Additionally, the co-therapists will not necessarily be 'viewing' the same processes or phenomena - or even apprehending the same counter-transference – which also adds to the value of two therapists as opposed to just one.

A recurring motif has been that of the figure-ground: the individual in the group, and the group-as-a-whole as a network of individuals as nodal points. The endeavour – lens or no – has been to see what is happening to each phenomenon, bearing in mind that the group is in constant flux and each in an ever-changing relationship with the other. Complexity theory (Schermer, 2012) comes into play here (see also Powell, 1993).

How I Set About Analysing the Data

Initially, however, I conceptualised more of a grid or matrix system for documenting what happened in each session. After re-reading the entire data set, I set about logging and mapping themes, noting interactions between members, and also flagging interpretations made by the co-therapists. Once tabulated these comprised 3 booklets. The information gleaned then seemed almost redundant, perhaps because something of the complexity was lost, but nevertheless they became very useful as *aides-mémoires*. Meanwhile, I persisted with understanding grounded theory: reading the books, making notes, watching You-tube videos²⁹. I even attempted coding of the entire data set and memo writing also (this has filled about 6 A4 note books) but this also seemed not to yield findings that could be worked with.

Disheartened, but also aware of how strongly I felt such a 'fracking' approach to the data to be counter-intuitive, I tried applying the

²⁹ For example: Corbin, J. and Strauss, A. (2008) *Basics of Qualitative Research*; McLeod, J. (2001) *Qualitative Research in Counselling and Psychotherapy*; Charmaz, K. (2006) *Constructing Grounded Theory*; Charmaz, K. (2003) *Grounded Theory In*: Smith, J.A. (ed) (2003) *Qualitative Psychology A Practical Guide to Research Methods*; Bryman, Social Research Methods; Midgley, N., Anderson, J., Grainger, E., Nesic-Vuckovic, T. and Urwin, C. (eds) (2009) *Child Psychotherapy Research*; Lepper, G. and Riding, N. (2006) *Researching the Psychotherapy Process*; other volumes were also consulted, and online: Borgatti, S. (2015) Introduction to Grounded Theory www.analytictech.com/mb870/introgt.htm for example; and Rustin (2009b)'s paper for seminar presentation.

Adolescent Psychotherapy Q-set³⁰ to the data but, not surprisingly, this flagged up the inevitable shortcomings in a methodology not designed for use with groups!

So, I went back to coding sessions – mindful of Kathy Charmaz's (2006) injunction to "*move quickly through the data*" as well as sticking with the gerund (p 49); perhaps before I had been too pedantic, I reasoned. As a trial process I sampled the first 5 sessions, the middle 5 and the last 5 – as the most convenient, and bearing in mind that any selection would skew the data, and I have left it at that as I felt it reached saturation.

Tangent: Ontology, epistemology and child and adolescent psychotherapy

Child and adolescent psychotherapists are, in some respects, well placed to undertake research alongside clinical work: their psychoanalytic training is anchored in the Tavistock's empirical observation method of Esther Bick, and each encounter with a new patient is a new enterprise, and a real engagement with an unknown (Rustin, 2009; Schneider *et al*, 2009). But in other respects we have been a rather cloistered profession, separated, until relatively recently, from mainstream scientific thought and ideas, and not linked to academic institutions and the teaching of formal research methodology. Both Fonagy (2009) and Midgley (2009) assert that child psychotherapists have been slow to follow the example of adult psychotherapy in research and outcome studies (eg, Shedler, 2010), although there is now a robust and well-

³⁰ I had been one of a group of research assistants trained to use the APQ (cf Calderon (2014) to rate STPP sessions as part of the IMPACT study.

established doctoral programme for child psychotherapists (Rustin, 2016).

Michael Rustin has gone to lengths to establish psychoanalysis' scientific credentials arguing for a reappraisal of the "*hegemony of empirical epistemology*" (Briggs, 1997) in the light of Latour (1983) and Knorr Cetina (1999)'s work and the assertion that nothing uniquely "*scientific*" takes place in a science lab. Alongside, is a debunking of the idealisation of science, the notion of one way, one truth, one ultimate reality, and the delusional notion that science covers all that can be known (Hacking, 1996); we no longer know what science is, attests Whittle (1999) who also argues powerfully for the reunification of psychoanalysis and psychology; Rustin (2009) takes up Galison and Stump's (1996) assertion that there is isn't just one science but several.

The current demand for the clinical and therapeutic validation of child psychotherapy is a pressing issue – particularly in these times of government cuts in health service funding. This pressure for public-sector clinical services to provide evidence bases for their interventions means that the gauntlet has been thrown down for child psychotherapists, and the challenge to be taken up is to join research colleagues; indeed, without this professional parity child and adolescent psychotherapy might not survive (Fonagy, 2009). Of course, there are those who disagree with this petition and fear for the demise of psychoanalysis, but adherence to orthodoxy and tradition can become a fundamentalism that throttles development (Whittle, 1999; Midgley, 2009).

How do we know what we know as psychotherapists? Do we inhabit the objective physical world of the natural sciences or the social world of the social scientist, the historian or the social

anthropologist (cf Spillius, 2005)? Or do we – as some would have us believe - solely inhabit the sealed world of the consulting room with privileged access to another's mind but one that defies all possibility of comparison across individuals and generalisability? Perhaps the issue is less whether or not psychoanalysis is scientific or could be made so, and more whether the scope of research work undertaken by psychotherapists can be meaningfully extended and integrated without sabotaging the precious understandings gained from clinical work (Fonagy, 2009).

What I did in the End: Presenting the Findings

A core structure of the group was the links between what was happening in the group, the co-therapists' remarks, and the impact of these. It felt important to track these linkages, and so I drew up a table (Table 1, see excerpt below; full table in Appendix 2) of all the sessions to delineate this. This necessitated going through each session and identifying or drawing out analytically pre-session discussions with my co-therapist, and then from the body of the sessions themselves, identifying who brought what and any intra-group interactions. Also delineated was what, if anything, the co-therapists remarked upon or interpreted, and how the group responded to this – individually or collectively - and lastly any post-session discussion or appraisal between the co-therapists once the group had left. This tabulation was a valuable endeavour, systematic and methodical, and a strength was that it provided a backbone to thinking about and marshalling the data to consider other aspects of what happened in the group – eg, thematic frequency, and also indicators of maturational change (see other Tables at the end of the Findings chapter, and in Appendix 2).

Table 1: Representation of the links between the group and co-therapists' interactions
(excerpt)

Session no	Group: ambient mood/presentation	Co-therapists: observation, comments, interpretations	Response to intervention
1	<p><i>Pre:</i> check names; 2 letters not sent; patients contacted by phone.</p> <p>First session; anxiety ++; 2 empty chairs; lost member; treading carefully; findings points of similarity –eg, medication; somatic symptoms. Serena doesn't think she's as ill as the others</p> <p>Frank shares his lack of a normal life.</p>	<p>Comment: naming the anxiety</p> <p>Comment: inviting the negative transference (unimpressive clinic: lost pt, letters not sent) to get things going</p> <p>Comment: tendency to disallow difference</p> <p>Comment: the group have to listen to our comments</p>	<p><i>Post:</i> "Good first group!"</p>
2	<p><i>Pre:</i> discuss last week. TC to Averil done.</p> <p>U/c seating along gender lines; Peter taking umbrage that he was told off for talking too much; Serena is ok; Averil talks of prev group; Nicola manages anxiety by throwing herself into things: this doesn't work for Serena; talk about alcohol; difficulties with travel; Averil incoherent;</p>	<p>Comment: gender divide in seating is named – with rider that this is observation not criticism & there are things we do we're not aware of.</p> <p>Comment: remark on anxiety and throwing yourself into things.</p> <p>Comment: group is told they haven't heard last remark</p> <p>Co-therapist: chokes/coughing fit</p> <p>Comment: travelling together discovery.</p> <p>Comment: Be curious</p>	<p>Peter and Serena: explain their choices; Nicola: talk of gender discourse.</p> <p>Comment ignored. Averil: leaves room for toilet + returns. Frank: he wants to make contact with people; find peer group.</p>
3	<p>CORE outcome monitoring on table (sealed; first names only); empty chairs; Serena: teaching ok. Peter: Serena doing what <i>he</i> would have had he ever made it to uni; social things not ok. Nicola: things opposite; struggles socially. Peter: ok week but after session wanted to cut himself; saved by stand up on TV. Peter: group therapy prelude to individual for him. Averil: took ages to get to be seen at clinic. Peter: who to tell re group? His friends</p>	<p>Comment: what about telling others here?</p> <p>Could they share with</p>	<p>Serena: afraid of</p>

<p>told him he must be mad. Others: friends want to know why you're not telling them. Nicola: old bf would've said this. Serena: old bf was in therapy 1h every day [analysis], which she resented and couldn't understand; now she was beginning to. Nicola: told mother. Peter: cannot tell parents.</p> <p>Nicola: concerned about sexual identity, and help with bf; had slept with her boss a lot; even knew his gf well from before. Wondered about something abusive because she felt used but still went back.</p> <p>Peter trying to make things the same; Serena telling him this. Nicola came back for her bag.</p>	<p>each other feelings of guilt, shame and humiliation? Comment: cd co-therapists be relied upon to keep things safe?</p> <p>Comment:Frank v quiet, Averil too.</p> <p>Comment: Frank holding something important for group.</p>	<p>upsetting group.</p> <p>Nicola: discloses story of abuse.</p> <p>Frank: felt awful after sessions; couldn't relate.</p>
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A limitation of course is that – inevitably – so much that took place in sessions (indeed some whole sessions) has not been recorded. On the other hand, perhaps to come full circle, it is the *Gestalt* that remains important here, and it has been with an intention to preserve this that the data set has been examined from the perspective of both individual and group processes. The Findings chapter will demonstrate this, along with the integral role of the co-therapists, and will also show some of the shifts in apprehension that seem to have come about as a result of group psychotherapy.

Theoretical Issues

The theoretical framework for thinking about the group and its members and the group dynamics was grounded largely in the work of Bion and Foulkes, and clinical expositions in Caroline Garland's *Groups' Book*; additionally, aspects of the Jungian and

post-Jungian discourse (eg, Zinkin, Bovenstein; Rytovaara) were useful, as was sampling the writings of Norbert Elias, Michael Rustin's paper on his work (Rustin, 2009a), and the Institute of Group Analysis' tributes to Elias as one of its co-founders. Additionally, there has been the work of Winnicott in his delineating of the holding function of the mother and how this is extended to the 'facilitating environment', and also to the concept of potential and transitional space, in turn taken up so eloquently by Ogden (1985). And Bollas' notion of the 'transformational object' (Bollas, 1979) which seems clearly to pertain to the group. There has been too the work of Daniel Stern and the Boston Change Process Study Group on intersubjectivity - which perhaps of all the theoretical stances, has had the greatest resonance for grasping the inter- and intra-subjective nature of group work – and perhaps it was in part what Foulkes was striving for in his attempt to work with Jungian thought. Indeed, Ahlin (1995) attempts to bring together the theory set of group analysis with Stern's interpersonal model with compelling effect. Meanwhile, there is also the literature on adolescence, particularly its developmental and psychosocial aspects, and also the current discourse on the phenomenon of extended adolescence, which has been explored in the work and writings of Stephen Briggs and James Côté and brings an important psychosocial perspective to clinical work with this age group. Again, it is the figure-ground motif: the individual in society, and society as the network around the individual; the individual and the collective. To my mind these are important if not critical concepts, and this echoes Foulkes (and Elias') plea for the whole, for the *Gestalt* – which now includes not only Jung's collective unconscious but the social unconscious also (see Auestad, 2016). Additionally, we have too the contribution of quantum physics which – complex though it may be – cannot be ignored entirely (see Powell, 1993).

In a similar way, the idea of the 'spaces between' has also been integral to thinking about this group – bringing forth not just an aspects of psychodynamic thought but also creativity (Bergese, 2011) and science, on intervals vs linearity (Bergson, 1907), and in science there is plenty of anecdotal evidence for the productive breakthrough occurring in the space-between – eg, on a walk outside the lab, or perhaps even to the pub.³¹ Meltzer (1967) too writes of the reflective space, “*repose*”, between analytic sessions, and Ogden on ‘analytic reverie’ that can provide important clinical clues to the nature of what is being constellated intra-psychically, enhancing the ability of the analyst to “*catch the drift*” (Freud, 1923a) of the unconscious aspects of the analytic relationship.

Theoretical issues regarding the running of the group were never formally discussed – although I do have a note in my notebook of the time that states explicitly: “Bion – Basic Assumptions; Foulkes – Group Analytic tradition” – so something must have been said at some point! Although I did also follow my co-therapy colleague’s injunction not to read anything about groups for the duration of the clinical work.

The current trend (see Hume in Garland (2010) p 115/116) is that for therapeutic groups Foulksian ideas sit alongside Bion’s notion of *basic assumption* modes of functioning. And this was indeed borne out in the running of this group – both *basic assumption* ‘pairing’ and ‘fight-flight’ (Bion, 1961) and also group analytic ‘figure-in-ground’, and ‘therapy-of-the-group-by-the-group-including-its-conductors’ (Foulkes, 1975) were phenomena spoken of in the group. And subsequently, I completed the IGA’s Foundation

³¹ eg, see writings/work of Poincaré (mathematician), Gell-Mann (physicist), Herman von Helmholtz (physiologist and physicist: ideas have stages of saturation, incubation, and illumination. See further: Gell-Mann, M. (1994) *The Quark and the Jaguar* New York: Freeman. It is well-known that Watson and Crick and colleagues frequented the Eagle pub in Cambridge.

course. Additionally, there are the psychoanalytic traditions as they pertain to adolescent development - but again, in the *pre-* and *post-*group discussions we did not talk about psychoanalytical theory although it remained the framework for much of our thinking.

Becoming a Subject

As we have seen in the previous section, 'Subjectification' is a Foucaultian concept, referring to the continuous, reflexive appropriation of the self, linking to the idea of self-as-agent – linking in turn then to the development of reflective function and mentalising, to a sense of oneself as functioning beyond the assault of β -elements in Klein's paranoid-schizoid position, to a notion of appropriation of an 'adolescent self-portrait' and biographical narrative. And just as neurologically we know there is now a discrete 'adolescent brain', there are frames of reference for thinking about the psychosocial challenges facing the modern older adolescent that were not extant in Blos' day: separation-individuation; fluctuating states of mind within an intersubjective field; self-esteem and competency, and power-relations (Briggs, 2008). Further, we have seen the subject relations discourse extended to include the Kleinian paradigm for considering states of mind, or the more Winnicottian view of the ability to stay with a mental state. This, it has been explored, can afford to the adolescent a sense of being *subject of* the world rather than *subject to*, with its attendant anxieties and sense of persecution and lack of agency. As we shall see, all of the young people in the group that is the focus of this study were *subject to* their states of mind and body, and moods, and liable to 'act out'; indeed most, if not all could be construed as being in a 'fight-flight' mode of relating to the world. They functioned to a

lesser or greater degree – for example, even though most were in tertiary education, not all were, and even then there was strong evidence of struggle and difficulty. Mostly, difficulties were intersubjective, in the area of relating and relationship – perhaps a significant factor in the reason for their referral for group psychotherapy.

Conclusion

Having decided to embark on this retrospective study of older adolescents in weekly group psychotherapy, apprehension of the data for analysis was not initially straightforward but followed quite a thought-disordered though very helpful interlude of conceptualisations before embarking on a more methodical way of working with the whole data set. Once again returning to the figure-ground motif, these provided the ground for the bas-relief emergence of a way of tackling the data – the findings from which now follow.

Chapter 3

Apprehending the Data: Findings

Introduction

This chapter presents some of the findings from the data analysis discussed in the previous chapter. Taking the *Gestalt* motif of figure-in-ground (or figure-ground), this chapter looks at the experience of the group through lenses focussing on both the individual members, and also the group-as-a-whole. It alights on prominent features of intensity of feeling and experience in the group, the perplexity at times of the group experience, the integral role of the co-therapists, and the overall multi-dimensional complexity in the intra-and inter-subjective experience. We start with brief profiles of the members giving an indication of their presentations of mental ill-health coupled with social vulnerability, and also delineate later on aspects of maturational change, and the qualities in the group analytic encounter that may have facilitated this.

Introducing the Group

The group's membership comprised patients referred from both the Adult and Adolescent Departments. They were as follows:

Serena 23½ Adolescent Department

Serena was a postgraduate research student, and had been waiting for a place in a psychotherapy group for some time. She was referred for her anxiety which had become much worse since

being at university and could be incapacitating. She had had many medical tests for her physical symptoms, and had ongoing physiotherapy for her tense, aching muscles. She felt ashamed of the impact of her anxiety on her outward demeanour and functioning, and used alcohol to manage her social anxiety, but not always successfully. Serena had flourished in the predictability of a school environment and had been very successful both academically and socially, but at university had begun to struggle emotionally in a way that felt new and scary to her.

Peter 25, Adult Department

Peter was also very anxious, and had a long history of both anxiety and depression which had culminated in psychological collapse around the time of his A-levels; he had also self-harmed by cutting his arms, and struggled with chronic insomnia. He spoke of being keen to make up his academic shortfall, but seemed unable to do this, struggling with little agency, and instead remaining stuck on the threshold of later adolescence, rather like a Peter Pan figure. He worked landscaping and gardening for his parents and their friends and neighbours, but seemed unable to derive much pleasure from this – or indeed anything. He had a tendency towards being conciliatory, perhaps out of fear for the damage his aggression might do, and had an urge to make things the same. He had friends but seemed to upset or be upset by them very easily, returning to a state of collapse.

Nicola 22, Adolescent Department

Nicola was an undergraduate environmental science student who gave a history of sexual abuse. Perhaps not surprisingly, she was preoccupied with her sexual identity and complained of emotionally demanding partners but also how she landed herself in relationship predicaments and boundary violations. She struggled with depression and suicidal ideations, though had never acted on these. She gave an impression of not existing with any security in anyone's mind, and seemed to have a need to magnetize the group on matters sexual – or indeed socio-political.

Frank, 25 Adult Department

Frank had been under the care of a psychiatrist for his long-standing depression, and had had therapy as a child. He was the most ambivalent member of the group, and seemed in psychic retreat (Steiner, 1993). Frank was thin, wore non-descript clothes, and could exude a chilling quality, arriving late and slipping wordlessly into a chair. Frank also struggled greatly with anxiety, and claimed he knew nothing whatsoever about relationships - implying that even ordinary, family relationships had eluded him. He was returning to university having taken some time out but was dreading this. He also struggled to eat and socialise.

Averil, 26 Adult Department

Averil had been in a previous group but even now struggled to attend, often skipping sessions owing largely to her internal struggles

– her careening states of mind, and personal fight for sanity. She was trying to get into film school but got herself into work and professional difficulties with misunderstandings and muddles over boundaries. She struggled with self-consciousness, anxiety and florid contamination fears, and could become inarticulate and restless, and at various points would leave the room. She also had an abusive boyfriend.

Jason , 20 Adolescent Department

Jason was one of two new members joining the group once it was well under way. He had previously been seen for individual therapy. Jason was good-looking and confident, and fired questions at the group with potent enquiry. Jason had been a very ill child and had missed a lot of school; he had rallied and then had a breakdown at GSCE. Now he was now at university studying politics but still struggling with incapacitating social anxiety that left him reeling with nausea and vomiting. Jason spoke of how he gave himself challenges as a way not to slip into the doldrums.

Kris, 23 Adolescent Department

Kris was an international law student who joined the group at session 41. He seemed blisteringly shy and spoke of a depression that seemed to have settled on him since the onset of his adolescence. He spoke of becoming incapacitated and wasting hours at a time in suspended animation. He shared his concern for his inability to function professionally. Kris held a certainty that his friends hated

him and felt very betrayed as his boyfriend had 'shopped' him to his own tutors.

Unfortunately, despite these members making up the group, it is not possible to give equal attention to all the members here; instead, we will focus on four members - Serena, Peter, Averil and Frank – who we will now look at in more detail, and from different perspectives of functioning - although also allude to the other members and the group-as-a-whole from time to time. Although Jason and Kris learnt themselves to being omitted to closer scrutiny of the data as they joined the group once it was already well underway, this was not of course the case for Nicola who was in the group from its outset, and had a key role in and impact on the group.

Nicola afforded to the group a challenge to its functioning and thinking. From early on she roused the group with her disclosure of sexual abuse, but also talked of boundary violations and seduction. She gave permission to the group to talk about sexuality, as sexual identity was a significant issue for her. She provided an alterity to the group, and openly voiced, in a sandwiched statement, her concerns about ever having a good relationship, and her moods and suicidal thoughts. It was only when she didn't attend the following sessions that the group shared their collective anxiety for her, and feedback to her the impact this had had on them in the intervening week – an impact which she had never imagined, she alleged. There was a quality of concealment then which surfaced as an issue for Nicola – and linked to the 'blindness' of the adults around her not having seen her abuse, but also Nicola's own blindness to her needs, and to the sexual scrapes she got herself into as a maladaptive form of attachment relating. She also

frequently stated that she couldn't remember the previous week, or the previous week's session. As she was encouraged to use the group more (cf s31), she facilitated others to become more seeing: with kindness she challenged Averil on her habitual garbling of words and not finishing sentences (s31), and was quick to support Kris whilst criticising his university for its lack of care, and later, to go see his GP. She also, very notably, challenged Frank about his habitual disdain: she let him know that she felt ignored and rejected by him (s 23) – which took Frank by surprise, but which he still took on board. At s 41 she acknowledged that she was feeling anchorless post-exams without the structure of college, and her future hung rather limply in front of her. Fearing becoming like her mother she set her vulnerability – and the group – aside to become powerfully demanding of herself in moving to find work abroad. She was challenged on this, and eventually re-claimed by the group – and elected to stay in the UK and remain in the group. But before this, she was off-sick and this was something of a pattern that she could become quietly stressed but also unwell; in this instance it was whole-body eczema. Averil was angry with Nicola for being off – and possibly envious too – and openly said to the group that she didn't like her very much. This was something that got explored the following week when Nicola was challenged but also became more seeing herself: her patterns of concealment, flight, excitement, disappointment and denigration – until the pattern repeated itself. By the end of the summer she was committed to the group for the following year.

Her core 'complex' was around concealment and seduction, and called to mind Winnicott (1963): "*It's a joy to be hidden but a disaster not to be found*". However, despite the important role Nicola played in the group she was not as clearly self-depicted as

the other members, and could be largely affect-less, highlighting by contrast others' more intense states.

What the Membership Brings: Complexity and Intense States

The group was meeting because its prospective members had been referred for group psychoanalytic psychotherapy as the clinical intervention of choice. It was not a secondary, diluted, or indeed alternative option to individual therapy (Yalom, 1985; Garland, 2010) but had been indicated as the most appropriate treatment in each case. The members comprised a heterogeneous group – an unequal mix of genders, ages, presentations and predicaments - but what unified them was that their difficulties could also be apprehended and understood within the psychosocial and developmental context of adolescence and young adulthood. Indeed, since adolescence is now deemed to continue until at least age 25 (in part because of prolonged education), these group members certainly came under this rubric (see Methodology for discussion of referral process).

But this is not to eclipse the reality of embarking on the group analytic encounter –and what was the nature of this reality? No one knew each other in the group, and no one much knew what to expect: it was an unknown experience in an unknown location (for most) with unknown people (for most); what did one say? What did the silences mean? Not everyone had had any therapy before; this naturally generated tremendous anxiety. So, group psychotherapy was challenge indeed – an endeavour at “*making a home among strangers*” (Schlapobersky, 2015) - no wonder then that some balked, got lost and wandered the clinic corridors, or that phone calls and letters were not received – or indeed in some instances

not even sent! Clearly, the anxieties even permeated the 'dynamic administration'.

The group's *raison d'être* was therapeutic encounter and the chance to be known (Garland, 2010). This happened in many ways and at different levels, generating, among other elements, moments-of-meeting (Sander, 1995; Stern, 2004) and an 'analytic third' (Ogden, 1986; 1994), as well as, at times conjuring 'basic assumptions' (Grotstein, 2007). The therapeutic task turned on connecting an experience of the here-and-now with the process of relating (Yalom, 2005). The challenge every week was for members to attend – which by and large they did - and bring something of their experience of themselves and others for sharing and consideration; nothing was agenda'd. This contributed to the 'exchange' (Foulkes, 1964; Zinkin, 1994). Here the group was enabled to become more aware of the normative function of social processes³², and of what supports or hinders therapeutic effort (Zinkin, 1994).

Anxieties existed on many levels, and for many members. Thinking about and trying to come to terms with anxious experience - eg perhaps from life events or carried on behalf of parents, or even at the level of the visceral "*unthought known*" (Bollas, 1987) - were key to the group therapeutic encounter where much of the work was also in challenging the defences against relationship, defences as a way of regulating the impingement of the world and managing primitive anxieties (Houzel, 1995). It was important then for the co-therapists to 'hold' and 'contain' the group, and to hold the frame and boundary: this made the session space's potential space

³² Pines (1994) explains this clearly in terms of our general obliviousness to our psychological disposition, beliefs and cultural make-up which we take unquestioningly to be acceptable and 'normal', but which in fact can be quite maladaptive.

(Ogden, 1985) a safe space for the sharing and exploration of myriad worries and concerns.

Themes

Table 2 provides a crude, somewhat digital content analytic reading of the density of particular themes in the mind of the membership – evidenced here by a topic being spoken of and brought to the group for consideration. The information presented here was extracted by referring to the data set, and reading through individual sessions. Excluding those that were not written up or had only very cursory notes (this yielded a body of some 50 sessions). I designated as key themes material that summarized processes in segments of the sessions. Thus themes constituted of topics that were deliberately brought to sessions by group members, or which developed during group exchanges and were dominant aspects of discussion. These were listed, as they occurred, and then counted using simple arithmetic (Silverman, 2014).

An example of preliminary workings as a precursor to Table 2 is shown in Appendix 2. Here, the first of the three stages is presented: the initial identification of themes/categories. This endeavour was then followed by isolating more over-arching themes (as mentioned above) before the third stage of consolidating these findings in terms of frequency by simple counting (see Silverman, 2014) into Table 2.

Table 2 doesn't provide any information on the *extent* to which a particular topic was actually present in a session - for example, the number of members who each spoke of the topic in any particular session. However, this parameter could, theoretically at least, be mapped by the APQ (Adolescent Psychotherapy Q-Set, see

Methodology), were it to be developed for group processes and dynamics. This instrument for measuring psychotherapy process would then register intersubjective as well as intra-subjective and transference and counter-transferential perceptions and phenomena. This would make for an interesting and possibly valuable triangulation (Denzin, 1978; 2012) of the data.

This method remains inductive, generating categories from reading the data set, and looked at when they occurred across all sessions what were written up, as the following example shows:

Table 2: Basic representation of thematic density over all sessions

Themes	Presence
Feelings	36
State of mind	24
Somatic complaints	19
Relationships	15
Education/college/university	15
Family	12
Dreams	10
Sex	8
Medication	6
Alcohol and intoxication	6
The group therapy vs individual	3

Members brought complex, changing anthologies of feelings, states of mind and bodily symptoms, and relational and educational predicaments – which wholly or partially, consciously or unconsciously - would intermingle, interrelate and interact. This becomes hard to conceptualise (or “*bedlam*”, says Grotstein, 2003) when multiplied by the 7 members³³ and the co-therapists, and once again multi-dimensional logarithmic connections and links take shape before one’s eyes. This is the group *Matrix*. It is a

³³ The group was a ‘slow-open’ group which meant that other members could and would join the group; the maximum number was 8.

"hypothetical web of communication" (Nitsun, 1996), "the basis of all relationships and communication; a web of intrapsychic, interpersonal and transpersonal interrelationships within which the individual is conceptualised as a nodal point" (Behr and Hearst 1982 quoted in Brown and Zinkin, 1994) – which also connects with Jung's Collective Unconscious³⁴ and Bourdieu's *Habitus* in its taking in of all time-frames at conscious and unconscious levels. It also, maintained Foulkes (1948), had the features of a container, linked symbolically to a maternal holding and "generative capacity" (Foulkes, 1948)³⁵. There is a link with Winnicott's concept of transitional space (Winnicott, 1971): the group being a safe intermediary space for exploration and play and self-discovery.

The group also became the crucible or *vas* (Jung, 1939; Zinkin, 1989) for difficulties with social functioning and other daily struggles to be shared, challenged, enacted and thought about. Individual members experienced themselves as both subject and object in the group as they could observe as well as take part in interactions. This is Foulkes' 'law of three' – and links to Britton's notion of the third (1989) and also Husserl's paradox of human subjectivity (*cf* Kennedy, 2000 p 876): an individual is both a *subject* for the world and also an *object* in it (my emphasis). The individual in the group is confronted with others' as well as his own projections, and being on

³⁴ ... it comprises in itself the psychic life of our ancestors... it is the matrix of all conscious psychic occurrences... it exerts an influence that compromises the freedom of consciousness... (Jung, CW 8 p. 112, para 230).

³⁵ Although Foulkes trained initially as a Freudian analyst he did come to read and appreciate the work of Jung, which in part at least informed his understanding of group dynamics and Foulkes' emphasis on wholeness and the social/collective unconscious (see Nitsun, 1996 p 17 *et seq* for further discussion of this. Interestingly, Grotstein (1981) alludes to Bion's notions regarding "phylogenetic 'memory'" and "inherent preconceptions" "programmed" into the human psyche, which then interacts with "somatosensory" experience p. 521). The group- and Jungian analyst Louis Zinkin has written about the two approaches and schools of thought – and indeed has brought them together in some of his writing. In writing about the containing function of the group, and also its use as a Meltzerian 'toilet breast', Zinkin (1994) also brings in an allusion to alchemy and the crucible or *vas* – allegedly the most important component of the whole, in alchemical proceedings.

the receiving end of these provides opportunity for experiencing something of what s/he may do to others (Brown, 1986).

Prominent features of the group sessions constellated around members' marked states of feeling, states of mind, and bodily states also – although not necessarily so readily discerned as discrete phenomena, yet still decipherable with my as-yet untrained 'lens'. This comprised something of the group encounter, in its multi-layered and ever-changing complexity, and with its *Gestalt* phenomenon of the 'figure-in-ground' where an individual could be prominent and the other group members more receded or where the group-as-a-whole was prominent in the foreground and the individual members in the background, but also where the psychopathology of the individual member was off-set by the problems besetting the group-as-a-whole (Foulkes, 1948; Garland, 1982). This gives lie to the complexity of thinking about the group – since so much happens on so many levels, yet remains held in the unifying field (Bohm, 1980) of the group matrix (Foulkes, 1964). This also has resonance with an earlier, primary, intersubjective matrix (Stern, 1985), and intense states.

What follows is an exploration of members' experiences and communications from the perspective of intense states – of feeling, of mind and of the body-mind.

States of Feeling

Anxiety seemed to run through most of the group sessions like a geological stratum, possibly amplifying already existing relational fault lines (Balint, 1968; Waddell, 2013). And the co-therapists were not exempt either: anxiety picked up in the counter-transference could be a regular occurrence, offering a clue to the individuals' or the collective group's states of feeling, of mind and body, and informing comments or interpretations to the group³⁶ and perhaps offered to the group if it was in denial or flight.

Fear is a primitive emotion that neurobiologically we are hard-wired to experience to optimise survival in situations of danger and threat (Panksepp, 1998). Anxiety is aroused in anticipation, or intimation, of threat, or of the unknown and is part of the autonomic fight/flight response, and is developmentally necessary (Klein, 1929). Anxiety frequently prefaces psychotherapeutic sessions - so laden with uncertainty (Yalom, 1985) and the unknown - so, perhaps not surprisingly, it wasn't possible to experience the group without accompanying nervous apprehension. It is noted that Peter looked positively "green" as he sat down for his first session, and the anxiety in the room was "palpable". Anzieu (1984) has written of the fear of bodily dismemberment as being the deepest unconscious anxiety at the start of a group; Frankel (1998) also has noted the collective yet acute sense of anxiety and fragmentation that

³⁶ It will be remembered that the Methodology section delineated a way of conceptualising the co-therapists' approach to apprehending what was going on in the group-as-a-whole in terms of lenses. This said, it is important to reiterate that I did not have a group analytic lens (and only a very unfocussed Tavistock-groups one) and so was not sensitised to register or pick up group analytic dynamics; to an extent this was acquired by osmosis 'on the job', and also in part retrospectively from attending the Institute of Group Analysis (IGA) Foundation course. So, if I do not talk sufficiently about the intricacies of the group analytic dynamics, this is why.

can occur at the start of an adolescent group – and how this has to be borne if the group is to move to another level of engagement. Bion (1961) wrote that “*the phenomena against which the group is guarding itself are none other than group manifestations*” (p 77). Additionally, Foulkes (1967) wrote of ‘amplification’ as one of several group phenomena: that feelings are more strongly felt in a group, they are amplified, possibly increasing anxiety. Garland (2010) has commented on anxiety being a catalyst but that too much anxiety can also cause the group to seize up – which indeed it did at times, such as when co-therapist comments were felt to be too penetrating:

...N must have said something else because there was a shift now, a tightening of the gears and something about it not just being about Frank; it was relevant for the whole group, this stuff about relating – and relating to one another here, not just outside (eg Serena’s tutor)...something about the tendency for everyone to be nice but that it didn’t move much beyond that - to a more honest way of relating to one another here. The group then seemed to seize up a bit, then spluttered as everyone wondered what was meant with How Tos and What Ifs...

23

Individually, anxieties related constitutionally to psychological organisation (Ogden, 1992) within the individual members’ personalities; collectively, they could take over the will of the group, the group mentality (Bion, 1961), to divert it into more *basic assumption* ways of functioning, away from the task in hand, of the therapeutic encounter.

Psychosocially, members were not a uniform group: only half the group were in tertiary education – a source of chagrin to some - and although a further two embarked on university courses during the duration of the group, their academic positioning and ambitions were very different; indeed one member, Kris, feared dropping out

of his studies entirely. As for relationships, no one member seemed to be in a stable, let alone healthy sexual relationship, and this topic could generate significant levels of concern, confusion and despair. So, members were generally functioning only in certain areas, if at all. For some too, travel to and from the group sessions could be fraught, and it could be a struggle to make it out of the door:

Frank said that he had had a difficult few days and had not been able to go out at all; that it hadn't been like that for quite a while, but that it got to a place where he couldn't leave – that he would take so long to get ready to leave, that there was no point in the end. Peter chimed in that he knew what this was like; that sometimes he couldn't bear to go out because it all felt like a sandstorm.

o6

Ogden (1992) has written about how such experiences at thresholds can afford us a 'sensory edge' as the anxiety-inducing procrastination can generate a palpable edging against which the person may attempt to define him- or herself. Meanwhile, Peter's metaphor of the sandstorm powerfully evoked his agonising experience of being assailed by blinding β -elements at the portal to the outside world.

In the first and early sessions generalised anxiety was the over-arching – and indeed much recurring – theme. I too would be very anxious before sessions and would prepare by taking a walk outside the perimeter of the clinic to clear my mind of the debris (β -elements) of the day, and settle into a state of detached expectancy. Perhaps for the members it was not hugely different:

[...] asked whether we were expecting everyone.

o5

[....] with thinly disguised anxiety, asked N whether we were expecting anyone else.

o6

There was an expectation that everyone would attend every week, although in reality this was rarely the case, so the not-knowing who would be attending had to be borne, and feelings about non-attendance tolerated and shared:

[...] came in and asked if there are any messages...the group seemed to sit back and wait... and the mood was a little tense...[someone] said "I suppose we have to wait for the others"...there was a palpable sense of anxiety about the empty chairs and the not-knowing

o8

Empty chairs were laden with significance - an undeniable reminder of a member's absence and non-participation - and could generate powerful feelings of anxiety and hostility, and indeed undermine the group (Bion, 1961). For those who did attend, there were also more prosaic anxieties - about starting, about what the form was, about how it all worked:

Peter piped up and spoke about how he really wasn't sure he was doing this group psychotherapy thing properly.

10

Serena said something about worrying about upsetting people in the group

o3

Individual anxieties could also eclipse more collective ones:

Serena said...she wasn't anxious about being here today, or by the silence, as it was eclipsed by the more anxiety-provoking things she had to do tomorrow...

o2

Intense feeling states affected all members, and were brought to and experienced in the group in different ways, as we shall see.

Projecting feelings and catastrophe: Serena

For Serena, anxiety seems to have become a constant companion, perhaps functioning as armour or a corseting exo-skeleton (Bick, 1968; Anzieu, 1989), to her uncontained, if not at times fragmenting or liquefying self. She told the group that school had suited her, and it seems to have provided an auxiliary ego function with its predictability, tight timetables and sensible rules; these were absent at university, where things had begun to unravel for her:

Serena spoke about her difficulty being on her own... now...she found she couldn't go out...going to the theatre...was excruciating...her heart had been pounding and she had been breathing so fast...during the day she went for lots of quick walks...

o6

Serena's anxieties seem to be wide-ranging, and there were contamination fears also; dreams were brought - drenching nightmares – and obsessional preoccupations:

...there had been talk from Serena... about her anxieties and what she played over to herself in her mind and her worries for herself and her family: so that she won't sms her brother asking him to collect something in case there's an accident...

26/27

Other anxieties for Serena could pertain to work or relationship concerns - although for everyone there were more existential preoccupations: of ever having a future, of how one was perceived by a dead relative - and psychotic-like fears of contamination:

Serena...spoke: whenever she went on the tube or bus she was afraid there was a needle impregnated with hepatitis hidden in the seat and that she would be injected with it when she sat down...Averil said that she had similar anxieties and she spoke about hers... 10

Whatever catastrophe was being replayed and feared, Winnicott (1974) would say that it had already happened in the context of the early dyadic relationship. There was diagnosed psychotic illness in Serena's (and Averil's) family and Serena described a mother whose prominent way of interacting with her children was with a convex state of mind (Briggs, 1997) where communications from the child hit a fortified shield and 'bounced back'; other times, it seems, there was more overt Omega functioning (Williams, 1997), where the child was used as a psychic receptacle for the parent's projections and unbearable affects. Although Serena reported her mother as being very clever, she also said that understanding her own daughter seemed to evade her. Indeed, as a child Serena said she had been so anxious she had seen:

... blood dripping down the walls 55

Although terrifying for a child, these seem not to have been actual hallucinations (there was nothing to suggest that Serena had lost her mind, then or subsequently), but a projection of primitive, archaic terror, a "*nameless dread*" (Bion, 1959; 1962b), perhaps as a result of the persistent invalidation and disavowal of anxieties, which Serena alleges as having been the norm at home.

Dreadful, dramatic things could present themselves before Serena's mind as ordinary anxieties were not contained and she received them back - plus projections. Segal (1975) writes: "*the containment of anxiety... is the beginning of mental stability*".

Serena described a family where "anxieties were passed around". Like other members of the group, Serena perhaps held a role in the family: perhaps family worries collected in Serena, who in turn could be so anxious about going to see her GP, for example, that she

couldn't tolerate the waiting room and sabotaged her appointment by going outside.

Serena admitted to "... being stirred up" by the group, even quite early on, and later that she felt more, not less, anxious. She owned up to violent outbursts with her boyfriend and to damaging a wall in her flat during another row. Sex, too, was a locus for worry, not something to be shared and allowed to unfold co-sensually:

Serena spoke of her discomfort with the use of sexual or even related words...she spoke of the trauma of losing her virginity...and of other quite brutal encounters... there was this idea ... like in the movies...but several unpleasant encounters had led her to think otherwise

04

Serena said she couldn't have [sex] if she thought about it...and not liking it when sex was spoken about and she wasn't expecting it

50

It seemed hard for Serena to allow herself to yield to a process of discovery; there seemed little trust and much unease and disquiet. Yet Serena perhaps develops an idea that something could be different: she spoke of wanting to establish a better connection with her father, as well as wanting more from the group, and also the group's help with how she should be with her mother, although this brought an additional worry: would challenging her mother precipitate her suicide?³⁷ There was also a link to fears of becoming like her mother if she were to own and engage with her own aggression.

During the sessions, there was a time when Serena was suddenly absent and admitted for emergency surgery, we were to learn. Although Serena returned seemingly unfazed, layers of shock and

³⁷ Leowald (1979) writes of the parents' sense of being diminished by their offspring's development; see also Ogden (2009): "If we do not shrink from blunt language, in our role as children of our parents, by genuine emancipation we do kill something vital in them... contributing to their dying" (Leowald, 1979 p. 395 as quoted by Ogden, 2009 p. 53).

pain were powerfully experienced by the group – including myself – and even at a physical level. There seemed to be discordance between the felt experiences at an individual (hers) and at a collective (group) level: the group undoubtedly had the pain. Aside from the obvious projective mechanism at work here, perhaps this was also an example of a more Cartesian way of functioning for Serena. But it wasn't only Serena who denied aspects of her experience.

Holding the depression, biting back the aggression: Peter

Peter seemed to have quite a melancholic disposition. There seemed to be an intolerance of the outside world, a lack of SEEKING function (Panksepp, 1998, p 53), and his anxiety seemed inextricably connected to his depression: he even said so: that he couldn't imagine having one without the other.

Peter's difficulties seemed linked to feeling stuck, a failure, and yet also frustrated – caught on the cusp of late adolescence/early adulthood with little sense of self-agency:

Peter spoke of his week... [about] feeling despondent...he didn't know why.. he talked of being useless, of failing his A-levels, of being put back a year...he spoke of feeling despondent and now, here, of feeling even more so... o8

Peter's feelings about himself intensified as he sat alongside others, and one wondered about his inner 'destiny drive' (Bollas, 2011). Out of the group he lived mostly at home although also had his own flat. But his anxieties about crossing the threshold to even come to the group could be intense, and for the first few sessions he admitted to

taking Valium to help him. He worked as a landscaper/ groundsman, out of doors, largely away from people and anything which might be felt to impinge, or perhaps stir up envy. There was a sense in which Peter's work seems to have kept him close to his mother if we consider the idea of the landscape as the mother's body (Taussig, 1993 p. 37)³⁸. But there was also a quality of insecure attachment to Peter – evidenced by his repeated expression of a wish to please, to gratify, pacify, agree, perhaps even to 'stick onto' another two-dimensionally as a form of adhesive identification (Bick, 1968;1986). He spoke of:

...being the nice guy...wanting to smooth things over...build bridges
07

Peter responded [to Nicola saying she hadn't wanted to come today because of something the co-therapists had said last time] that if it hadn't been her it would have been him...

12

And there were numerous instances of Peter agreeing with a group member and insisting it was the same for him too – as if this might make him more acceptable, more 'pick-up-able' – as well as being a denial of his aggressive urges (Grotstein, 1982) which might elicit rapacious retaliation, and a closing of the gap created by an apprehension of difference and alterity.

There were young women he knew or fancied but increasingly the connection or intimacy was fraught:

Peter talked about texting a girl he met last year – someone he'd known since primary school; they'd lost touch and then met up and she'd invited him over for dinner... he couldn't face it and so sent a message apologising for a crisis of confidence...
09

³⁸ The Irish writer, Anne Enright, also holds to this view: "...but landscape for me is always maternal". Anne Enright (2015) A Return to the Western Shore *The Guardian* May 9.

It's not hard to imagine how the message was received but Peter seemed not to have a theory of mind (Fonagy *et al* 2004 p 26) that would have enabled him to countenance this, and the group did not challenge him on this either. Nevertheless, his (passive-) aggression was evident:

Peter spoke about the girl inviting him back for coffee...he couldn't cope so he told her to fuck off...

30

Peter spoke about a girl he was cross with and who had suggested that they meet up but that when it came to it she claimed that she was too busy...Peter said he got so fed up he didn't say anything but just went home... and went to sleep.

31

There was a sense of things very quickly becoming too much and unregulated for Peter and he could quickly collapse, his more aggressive urges imploding; other times, he could own up to his jealous feelings regarding the others in the group who were at university or when his own, natural, siblings returned:

Jason asked Peter how he was and said he seemed a bit grumpy; Peter said he was and that he nearly didn't come: his parents were away and so he was on his own and having to come by train all the way, and feeling so anxious – people staring at him... and he nearly didn't come, and also that it was his birthday last week and a friend's too and they were going to go out but Peter couldn't face it... his brothers were back from uni...

40

In Session 50, there is an episode of acute frustration creating what seems to have been a psychic rupture followed by repair: having disclosed to the group how he felt, following enquiry from Serena, Serena then breaks off and turns to Jason – a more enlivened and at times engaging member – Peter is visibly wounded by this quite keen switch of attention; it is perhaps felt by him as a rupture in a moment of contact with Serena, and he slips a finger into his mouth

in a move that seems at once infantile and very primitive –a way of stopping a hole, and perhaps falling forever:

Serena and Peter [spoke about] depression and anxiety... Peter said something which ended with 'all week and nothing to live for'...it fell over the group like a pall...no one said anything... Peter stared into middle distance... Serena then turned to Jason...I felt then that the male with the brighter eyes...was selected... Peter slipped a finger into his mouth and seemed to bite it; I felt he was regulating himself

50

Peter seems to bite his finger to stop something – feeling overwhelmed and stemming the flow of collapsing affect. Peter then manages to rally and challenges his 'rival' Jason, asking him useful questions (which take Jason by surprise). Peter then makes himself helpful to Nicola and is thoughtful in clarifying the impact of her feelings on her boyfriend.

Towards the end of the last term, Serena tells Peter that she feels he is warmer as a person, but come the last session, he balks, there are no goodbyes to anyone and instead he flees the room like a gazelle – in flight from the threat of overwhelming feelings, including perhaps shame at his own failure and lack of capability.

Holding the madness; projecting the maddening inability to think:

Averil

Averil could feel intensely anxious and preoccupied about her health and sanity: she had difficulty attending, often only managing alternate sessions, and she struggled with the transitional challenges of travelling as well as her own incoherent and labile states of mind. At times, Averil could feel quite overwhelmed: the 'contact barrier' between unconscious and conscious states seeming quite porous.

...[Averil] had this habit of starting to talk but then laughing at what she was saying... ...Averil seemed to get very muddled then...

31

Averil became animated and it was at times impossible to get a grip on what she was saying...

44

The group eventually took on a therapeutic role (Chazan, 2001; Schlapobersky, 2016) and rallied to challenge Averil so that she could desist from destructively invalidating herself; and Averil heard this:

Averil spoke about college, and it seemed hard to make sense of. Nicola was good at talking to her about this: that she came across as stupid when she wasn't and that she did a disservice to herself. Averil laughed and said she knew but continued to talk in half-sentences. And Serena [spoke now and] said that she [Averil] used only half-words so that we had to guess the rest. Averil spoke about her family and the difficulties with communication there; that she couldn't understand her mother...

45

Dennis Brown (1986) in his paper on dialogue in therapeutic groups writes of the infant's earliest experiences of communication and articulation and its resonance in the group. He posits (p 28) that making communication more articulate presupposes previous states: that there is an unsharable state before a sharable one – as here. Meanwhile, Pines (1994) writes of Foulkes' assertion of the necessity in every individual for communication and for the communication to be received, and the integral role of language in the group - (Ahlin (1995) specifies small groups especially)- as a shared commodity related to survival and socialisation³⁹.

Frank also struggled to communicate in the group.

³⁹ What Pines goes on to assert here – “that the individual is penetrated to the very core by culture...quite unconscious of ... colossal social forces...”- links to Bourdieu's notion of the *Habitus*.

Aggressive anorectic brinkmanship: Frank

Frank held himself aloof from the group, keeping all feelings at bay in a schizoid way, sporting looks of strained grimace and seeming to hold the group in contempt. It was a risky enterprise this group, he seemed to say; he also saw a psychiatrist – as if also keeping a firm footing outside of the group. Frank was also someone with an unwell parent, who needed his help to budget and pay the bills. He alluded to his terror for his mother's safety every time she went out, and how he himself had not been able to tolerate formal education since the beginning of secondary school. Like Peter, he admitted to finding it impossible to get out the door at times. He was very ambivalent about the group, but in the first session seemed bowled over by Peter and Serena's accounts of their anxiety:

Frank says he can't believe he was hearing this...he spoke about feeling that his head was being squeezed by this enormous hand inside his chest...

01

For Frank too the world seemed a very unsafe place. He had a place at university but was very unsure about taking it up:

Frank started talking saying that he had been to college for an induction day...and that it was awful and that he was not looking forward to going; he saw everyone sitting in groups on the grass chatting, and thought he would never be able to do that – but also that they were probably noticing him and laughing at him. 19

But the mockery was his own, deriding others for their relationships as much as he derided and deprived himself by keeping himself and others at arm's length:

Frank spoke about not knowing anything about relationships or relating because he had never had any...he had not seen his father since he was 5 and his mother had raised him... alone... he never did anything that involved going out with anyone. 05

Frank appeared supercilious in his cold disdain and fear of humanity⁴⁰. He spoke of

...how, when in the group he took his glasses off, that way he couldn't see anyone and so not feel or see their hostility; and how in a similar way he didn't wear his glasses in the street so he couldn't see people, or see them looking at him. 12

Frank's attendance was fitful, and he was often late, but the group struggled to challenge him on this, despite prompting from the co-therapists. He seemed to play an aggressive anorectic brinkmanship, holding the group in his thrall and yet neither committing fully nor leaving the group. But this ostensible disinterest – of the group or college - like his contempt, seemed to mask his deep fear of engagement, his anxiety about what it would mean to get properly stuck in.

In the meantime, at home, Frank's aggression came out another way:

...[he said he] finds himself repeating random but repetitive stuff - which is extremely violent, he said 24

This aggressive '*chuntering*' (Joseph, 1982) also served to keep Frank very separate, and he shared his belief that most people were evil; not surprisingly, when a new male member joined the group Frank found this unsettling, but was able to tell the group about his wish to leave in this context.

⁴⁰ Grotstein (1982) quotes Bowlby: stranger anxiety is in fact the human form of predator fear.

This has been a look at something of the quality of the feeling states that four of the group members brought to the group, with anxiety as the most prominent – which of course is also a state of mind.

States of Mind

In this section I look at the material from the group sessions from the perspective of the states of mind of the membership.

Shifts in states of mind accompanied shifting states of feeling and body, and could move between paranoid-schizoid states to more depressive, reflective states (Klein, 1935; 1948). Development is never linear and Klein postulated that we all move in and out of these states, almost constantly. But it was Bion who came up with the P-S<-> D designation and who saw that both were necessary to prevent over-fragmentation on the one hand and “ossification” on the other (Grotstein, 2007). Grotstein continues (paraphrased and re-worded) to say that: P-S<-> D is the signifier for learning from experience as sense impressions are transformed into mentally digestible α -elements which in turn become available for thinking. In every day terms, this means that experiences are apprehended and allowed to impress themselves on the psyche and to become thought about. But Briggs (2008) writes of those adolescents for whom apprehending the world in the depressive position threatens to be overwhelming and too painful, and that instead the simpler, ‘binary’ of the paranoid-schizoid state is preferable. Thus, shifts between P-S<-> D can be both developmental but also defensive.

Kennedy (2000), Briggs and Hingley-Jones (2011) and Knox (2011) have all commented on the links between states of mind, and the appropriation of self, of subjectification - a sense of self-as-subject with agency. Group analyst Zinkin (1994) writes of “self-definition”. Shifts in states of mind towards a sense of being subject of rather than subject to seemed related to the group’s intersubjective matrix, and fostered development and maturational change (see Table 3), although this was by no means uniform or evenly distributed.

States of mind tell us something about our ‘steady state’, our general sense of ourselves in a given moment, our outlook on and our relation to the world and others in it – ie relatedness in the inter- and intra-subjective fields (Briggs and Hingley-Jones, 2011). Shifting states of mind are part of our everyday experience and in part at least account for our feelings and bodily states. They are also developmentally relevant, and may fluctuate dramatically at times, such as in adolescence, when there is often an intolerance of knowing and experiencing (Briggs and Hingley-Jones, 2011). This has an impact on mood and relatedness, and more overwhelming and oppressive anxieties can result in a blurring of boundaries between self and other and a more persecuted state - feeling ‘subject to’ - (Kennedy, 2000) can supervene. Here, acting out can replace thinking.

Given then that “*shifting states of mind characterise development within an emotional and relational intersubjective field*” (Briggs and Hingley-Jones, 2011, p 5) it is no wonder then that the group could struggle with quite intense states of mind at times – both at the level of the individual and also of the collective membership. Indeed, states of mind antithetical to the analytic encounter were

challenged by the co-therapists. For example, there were co-therapy comments about an atmosphere of not wanting to think about anything serious, or about the group's evasion of learning, and comments were also made about states of mind that took the membership 'outside' the room and away from the task in hand – ie they were in *basic assumption* fight-flight.

The group undoubtedly struggled at times to work⁴¹; at other times it could be thoughtful and reflective, and empathetic to other members as projections were withdrawn and as fellow members experienced themselves as subjects and not objects, and moved towards a more intersubjective way of relating.

Questioning relationship based on meaning: Serena

Serena felt her mother was unable to take her worries seriously or take in her communications. She reported that even when she did attempt to share something with her mother, her mother said that she had that too - as if mother's prior claim stripped the child's communication of meaning and any validity. It was an attack on a relationship based on understanding and meaning (Bovensiepen, 2002).

The legacy for Serena was feeling subject to myriad persecutory anxieties as there had been little experience of a mind available to her that could hold and contain her, and process her experiences. Instead it seemed that her epistemophilic instincts (Klein, 1928) drove her, initially, to find cognitive and academic answers to her

⁴¹ In the first session, the group were told: "...what the group had to do was to listen to N and m who made comments to point out to the group what they were doing but who the group tended to dismiss..." In this way the group were, quite firmly, instructed on the protocol but also 'coralled' into respecting the frame. This and other similar remarks in the early sessions especially established the therapeutic ground rules fostering deeper and more meaningful inter- and intra-subjective contact.

search for meaning. But one of the first things Serena says about the group is that she is seeing things she hadn't before, noticing patterns and that her thinking was changing. Already then there is a shift in her state of mind to something more reflexive and reflective, and indicative of K (Bion, 1962b). But shifts also occur relationally: she wants to re-establish a connection to her father, and also challenge her mother's cruelty. And the co-therapists become aware of her appetite for meaningful contact and connectivity.

But all is not straightforward: Serena became furious with one of the co-therapists before the summer break for attempting to link her anxieties with something happening in the group – as if challenging her more Cartesian⁴² baseline. Meanwhile her sharing of being unable to engage in sexual activity if it was thought about beforehand – although reducing the entire the group, including Serena, into paroxysms of laughter – was a poignant evocation of how things were demarcated in her mind, and as if that was there the sex took place (Session 50).

Persecuted by his own aggression: Peter

Peter's palpable, pitching anxiety in the first session desperately sought a stanchion for stability. But there seemed none: only empty chairs, the unknown co-therapists and unknown co-members managing their anxieties in unhelpful ways. It was only when a member of staff ushered in another neophyte found lost wandering the corridors that Peter's feelings – perhaps of feeling exposed and shamefully self-conscious – were modified as a perspective was regained and tension released. Aptly, as if to relieve the discomfort, the conversation turned to medications and to Peter admitting he

⁴² With apologies to Descartes, what I am alluding to here – and elsewhere this expression is used – is, crudely, not just the split between mind and body, which seemed so evident in Serena's presentation, but also the tendency to compartmentalisation within this split.

had come propped up with an anxiolytic that evening which in turn led to exchanges about pills and a flight into sameness, perhaps to avoid the discomfiting sense of difference and alterity - in an environment that was already alien.

Peter tended to evidence a 'subject to' state of mind (cf Kennedy, 2000; Hingley-Jones, 2011) being at the mercy of all that could not be thought about, let alone processed. During the first intervening week between sessions he overcame a strong urge to self-harm:

Peter then said that he had had an ok week although the day after the group he had felt the worst ever, so bad in fact that he had wanted to cut – the first time in 3 years but had managed to resist...what had saved him was stand-up comedy on TV: his favourite bloke was on and that he had managed to distract himself

03

The juxtaposition of the 'OK week' and then that he had felt 'the worst ever' gives lie to a wish to please, not surprise and something of a divided mind: a wish to keep the good and the bad separate, a feature of the paranoid-schizoid 'position' (Klein, 1935) but also something poignant, and young, in the self-soothing with the TV. The group doesn't get to hear about the ins and outs of this, only that Peter has seriously cut himself in the past and wears long sleeves all year round to hide his scars.

He also talked of his insomnia:

Peter said that he had not slept for the last 2-3 nights and so was a bit out of it...

5

[Peter] said he was very fed up; that he had not slept last night and didn't know why except that his future seemed very bleak and he felt he could barely make it to tomorrow let alone next week.

27

Later, Peter admitted to being unable to sleep both the night before and the night following the group, as if a great deal was stirred up that couldn't be processed or 'dreamt' (Bion, 1962a; 1978). He said too that he had erected walls around himself to protect himself from impingements - but perhaps also from his returning projected aggression.

In a much later session, when Serena asked after him and then switched her attention to Jason, although potentially devastating, Peter managed to regulate himself and recover so that he became present again and was supportive to Nicola and also, later, to Frank, getting him to opt in for the group in September. This possibly marked an important session for Peter as he seemed to recalibrate himself and found some agency, and became more involved in the group.

Sitting out in psychic retreat: Frank

Frank was very ambivalent about the group: he had had individual therapy in the past, and now saw a psychiatrist who monitored him closely. He related something similar to Peter's experiences, and would wear his baseball cap pulled down over his eyes to protect himself from the gaze of others— but perhaps also, as mentioned before, from the return of his own projected aggression. Frank could be extremely aggressive in the manner in which he held himself aloof from the group, with a control and supercilious deliberation:

...I noticed I felt Frank's contempt for his mother. Peter then remarked: "You must be angry..." Frank brought his hands with their tapered fingers together, the finger tips touching to form a steeple in a sort of reflective ecclesiastical pose, "No," he said slowly, "Not at

all”.... There was something chilling in his transcendent mastery over feeling...

07

Frank called to mind Melville's Bartleby⁴³ character with his schizoid, sadomasochistic traits, and seemingly hate-infused 'addiction to near-death' anorectic state of mind (Grotstein, 2000; Joseph, 1982). This state also had an impact on the group, and annoyed the group members sufficiently for them to take him to task, eventually.

Not long before the summer break, Frank recounted an episode from a religious meeting and his realisation that attending his mother's temple no longer served him – and that he needed to find his own space, and in more ways than one as he also spoke of wanting to move out. This seemed to link with Frank developing a mind of his own.

Mindlessness and the thin contact-barrier: Averil

Boundaries were hard to manage and maintain for Averil, and the daily challenge for her was not to slip into more psychotic states. Across this very fluid border-line Averil could become muddled, and get into personal and professional difficulties, as examples of abusive boyfriends, misunderstandings, and exploitation abounded.

Averil also had a tendency to laugh off what she was saying before she had finished; her speech sometimes also becoming incoherent:

Averil...apologised; she had had a bug...and then she spoke about her age and her difficulty in talking owing to this...Averil continued to tell a story which became less and less coherent and seemed to become 3 stories...she spoke of her strange thoughts, and how it

⁴³ Herman Melville (1853) *Bartleby, the Scrivener: A Story of Wall Street*.

helped to have her boyfriend around... she seemed to get very muddled then... 31

Averil spoke about her course but she was hard to understand...the group chipped in...I said maybe Averil was asking for help from the group about what happened to her when many ideas come into her head at once... Jason seized on this... 36

Averil needed the group's help in learning to manage her thoughts and communications, which could get so muddled; at times it was as if she had never heard – or been given – a narrative account of herself. Additionally, Averil's reported enlivened response to conflict suggested something of the risk, and excitement, in talking too much, or too clearly.

In the last session, there were negative feelings towards me, and an attempt to separate the co-therapists – perhaps to mitigate the conflicting feelings of love and hate, and to obliterate the apprehension of feelings about the ending – and of the separation until September:

Averil spoke suddenly about having negative feelings towards me, and that she wondered why this was...and that this was something that only happened to her in the group...Averil returned to her feelings of negativity towards me and that that was difficult since I was 'nice'...Nicola spoke, then N; Kris said something...Averil then started to cry, great deluges... 61

Averil had an ability to 'read between the lines' (Garland, 2010), to tap into the group's unconscious –eg, its ambivalence for the whole group. Although prompted many times by the co-therapists, the group steadfastly refused to explore its feelings about my leaving and the new co-therapist arriving: it was Averil who had to hold the loss, and perhaps also the feelings of abandonment.

Regarding her more extreme and labile states of mind, Averil seemed to find an ally in Serena, but her porosity still meant that it was a daily challenge for her not to slide into these more disturbed states of mind. She could readily skip into garbled talking where she seemed to swallow her words before they came out; this was particularly noticeable when she missed a session.

The net result was that the group could feel very frustrated with her and also irritated. Nicola took up what she felt Averil was doing to herself – something that Averil admitted she was aware of but would like help from the group in addressing, she said. But she was challenged:

...she spoke about wanting to be understood but also about not
being bothered to make herself understood 56

- as if there was a part of her that was comfortable in her world of blurred boundaries and misunderstandings, and where perhaps the fault was always projected outwards.

For Averil and the other members, states of mind were also linked to states of body: many members reported somatic symptoms, as we will see from the following perspective. Although none of these phenomena can truly be crystallised out, they nevertheless did present very strongly – for example, anxiety as the predominant feeling state, as we have seen, and the preoccupation with disturbance as the recurring state of mind. Here, we take a look at the feeling- and mind-states more elusively located in the body – or Grotstein's (1997) "*bodymind*".

States of Body

"The body does not lie", is a mis-quote attributed to the contemporary dance choreographer Martha Graham⁴⁴, indicating that the body has its own language communicating what words cannot. Dancer and choreographer Anne Teresa de Keersmaecker has said that "*I believe it [dance] to be the most honest of languages in which we can speak about us*"⁴⁵ – the body and the space around it and between another, being the speaker of this language⁴⁶.

Psychoanalytically, we also know from clinical work that there is no Cartesian divide of mind and body⁴⁷⁴⁸ yet feelings and feeling states can be discharged or earthed through the body when there is not another way for feelings to be communicated (Sidoli, 2000; McDougall 1989). Grotstein (1997) comments on the 'bodymind' as

the "thinker" of unthinkable thoughts and "feeler" of disavowed feelings" p 206

McDougall (1989) posits that in psychosomatic expressions, the 'meaning' is pre-symbolic, the use of words having been circumvented (McDougall, p 18). Sidoli (2000) notes that often there is a lack of phantasy: that the instinctual pole of experience and its mental representation have been lost, broken, or never

⁴⁴ "...his body says what words cannot... Movement never lies" from Martha Graham 'I am a Dancer' In: Carter, A. and O'Shea, J. (1998) *The Routledge Dance Studies Reader*.

⁴⁵ De Keersmaecker August 2013 Interview about 'Vortex Temporum' Youtube.

⁴⁶ Perhaps this is another example of 'lenses': I seem to think in terms of movement, or the lack of; I suspect N thought in terms of 'holding' – what is being held where and why.

⁴⁷ Jung (1935) in his second Tavistock lecture – and particularly in the dialogue with Bion – reasserted that the Cartesian division of mind and body was a false and misleading one, and later considered that the mind and body might be totally synchronous. See also Brown and Zinkin (1994) p 99.

⁴⁸ Brown and Zinkin (1994): "Not only are solid matter and spaces confluent so too are mind and body" p 24.

established in the first place. Sidoli writes of the body being used as somewhere where feelings could go that could not be tolerated or borne, or even known about at a more feeling level (Sidoli, 2000, 2005). This links to early experiences, and a failure of reverie and containment (Bion, 1962): what could not be experienced on a feeling level - fear, nameless dread – goes straight into the body and is stored there (Sidoli, 2005). This also means, of course, that the message is lost; there has been no transcendent function (Jung, 1916; 1939). Williams (1995) writes of the possibility of states of body becoming states of mind as emotional capacity owing to containment develops and feelings can be thought about. In the meantime,

Peter spoke about his chest pains, so severe he thought he was dying. Serena said she was similar: she had had all sorts of tests, and then been told it was anxiety...Frank said he couldn't believe he was hearing this ...

1

Frank seems to have been astounded that others were recounting experiences similar to his; this would have been a powerful validation of his experience, and perhaps had therapeutic attributes.

Panic attacks were also reported:

Peter spoke more about his depression... that when it got like this then he got panic attacks...he said that when his attacks were bad he passed out cold.

20

Neurobiologically, Panksepp (1998) has written of the activation of the brain's primitive suffocation-alarm system in panic attacks, and wonders about a link to the mammalian separation-distress system.

Serena spoke of ending up in A+E once and virtually screaming to the triage nurse that they just didn't get it that she felt she was going to die...

20

Bion (1961), meanwhile, having written in part from his military experiences believed panic to be part of the fight-flight response (p179). Serena, however, felt betrayed by her body.

Betrayed by the embodied self: Serena

Serena spoke freely of her paralysing levels of anxiety such that she could not eat in public and feared even reaching for a drink of water lest others would see just how nervous she was. Serena seemed to struggle to tolerate her own anxiety which seemed regularly buffeted by a firelessly ruthless superego, intolerant of weakness and vulnerability – small wonder then that she seemed to bounce back from surgery following an emergency hospital admission. It fell to the group to do the reeling and feel the shock of this, which it did. The group muddled through their questions and pondered Serena's answers: it seemed like there could be no thinking about what it had meant or felt like to have undergone such a sudden and traumatising experience. I remember the session well, and my feeling of being winded by sense of serial losses. Some members felt unwell in the week that followed – Peter particularly, reported becoming incapacitated with abdominal pain. But perhaps it was not surprising that the pain was projected: Serena seemed to have had no experience of a mind that could contain, think about and give meaning to her experiences (Bion, 1967); perhaps she didn't want to know about her feelings, and so they were projected outwards for another to have, and for Peter especially, to pick up.

Collapse: Peter

Much seemed to occur for Peter in an embodied way: in the second session, he reported that he had spent most of the intervening week in bed, in a state of collapse. He had in part misinterpreted a general remark made by one of the co-therapists which was taken by Peter as a levelling personal attack. But Peter also later reported being overwhelmed by feelings as he was about to set off for the group and ended up not leaving at all and spending an hour in the shower. On another occasion he reported being disappointed in an interaction with a girl, as we've seen, and taking himself to bed. Peter was also – or had been – a deliberate self-harmer, cutting his skin. Motz (2010) writes of the skin as the locus of the earliest mothering care, and how the skin represents – actually and symbolically – external and internal integration and psychic containment, as explored in the Literature Review and the writing of Van Gennepe. We know very little about Peter and his earliest experiences but he spoke of his chronic insomnia. It is possible then that his deliberate self-harm linked to early experience and “*embodied memories*” (Motz, 2010 p 83). It is also possible to understand his cutting in the context of becoming separate – as Motz says: “*Separation can be understood as the loss of the shared skin*” (op cit). This links to skin markings and cutting as a feature of rites of passage, again as mentioned in the Literature Review. One of the developmental aspects of adolescence is that the child's body no longer belongs to the parent but now belongs exclusively to the young person. Perhaps for Peter some dramatic confusion remained as to where his mother stopped and he started.

'Theatres of the body' (McDougall, 1989)⁴⁹: Averil

Averil frequently interjected during sessions with bulletins on her bodily functions – guts or gynae – and gave somatic symptoms as the reason for not attending sessions. There seemed to be a leakiness to Averil. She also spoke of her relationship to her mother:

Averil said something about her mother commenting on her weight and that she should stop taking her medication... 33

Grotstein (1997), noting the work of Stern and RIGs⁵⁰ comments on the feedback loop between messages from the eyes of the beholder and body- and self-image. Ahlin (1995) attempts to link Stern's RIGs with the interpersonal interactions of analytic groups, with implications for formulating maturational development in groups.

Bodily states – apprehending the members from this perspective, though this lens - were also powerfully present in the group – linking affective states with early dyadic experiences with Freud's notion of the body-ego (Freud, 1923) and the adolescent developmental task of appropriation of the (sexual) body.

Education

Education was a recurrent motif in the group: although not always actively brought and discussed it was nevertheless present by its featuring – or not – in the lives of the members. Most of the members were students – but not all; and two members became students while in the group. Serena was academically very able and working on a doctorate; Nicola was in her final year of a BSc; Kris was also

⁴⁹ Joyce McDougall (1989) *Theatre of the Body* London: Free Association Books.

⁵⁰ 'Representations of Interactions that have been Generalised' Stern, 1985.

coming to end of his course; Jason was also an undergraduate, and Frank became one, taking up his deferred place after having been out of mainstream education for a long time; Averil was accepted onto her postgraduate course. Jason and Peter had both failed their A-levels, but after a spate of re-sits Jason got into university; it is less clear what happened to Peter, but there is a picture of defeat and collapse and something becoming entrenched.

Although societally, tertiary education is increasingly seen as a passport to adulthood and some form of independence (if only ideologically), there was a sense in the group of achieving educationally as a way to fulfil one's inner potential; there was nothing about achieving materially but discussion seemed to flourish about (tertiary) education as an organising principle – for both inner and outer life – generating agency (Briggs, 2008) and, perhaps more unconsciously, of also affording another go at adolescence and the chance to get back on track and also work at relational difficulties – something that had resonance for the whole of the group albeit in different ways.

Group-Specific Phenomena

In this section the material from the group sessions is looked at from the perspective of group-specific phenomena. In doing this, I have had in mind both Bion's "vertex" (cf Grotstein, 1981) of the state of mind, and also 'axis' of the development of the individual members of the group, and of the group-process and functioning of the group-as-a-whole. Both were important and significant. In this work, development can be noted and facilitated in terms of changes at

the level of the individual member and also the collective group functioning. In the form of group therapy delineated here, and offered at the Tavistock Clinic's Adolescent Department, it seems that these dimensions are important to keep in mind – again as a figure-ground motif.

The group's *raison d'être* is therapeutic encounter, and the chance to be known (Garland, 2010). It is this that the co-therapists constantly have in mind, and the task that faces the group every time it meets. At any given moment, then, the group is therefore working and on task – or not working, and functioning at a *basic assumption* level. As mentioned before, Bion asserted that all groups function as if there were two groups: a working and non-working group and the '*basic assumptions*' that are in the realm of primitive unconscious phantasy but which, if not brought to the group's attention and managed, can operate powerfully to undermine the group and its therapeutic task.

The working group

Well, good group, bad group, I wonder what that means?

50

In this co-therapy remark, the group are encouraged to consider the meaning behind their divided opinions on last week's session; it was a session when only one of the co-therapists was present and the group are being challenged to consider their mixed responses more deeply, rather than fall prey to more primitive reactions of splitting and *basic assumption* functioning. As we've seen, Bion identified *basic assumptions* as originating in the psychotic part of

the mind compelling individuals to behave and fuse in particular but illusory ways (Sutherland, 1992).

Many of the co-therapy comments are in the service of keeping a bearing on *basic assumption* functioning, and also re-directing superficial, defensive chat to encourage thinking, and more authentic and deeper communication⁵¹. Foulkes' tenet is that the group matrix grows out of this free-associative discussion between members, and that this then extends to deeper levels of shared communication and interaction. Ultimately, all being well, more neurotic or autistic patterns of relating are displaced as a sense of commitment and commonality prevails (Foulkes and Anthony, 1973; Foulkes, 1975; Brown, 1986 p 25). It is almost as if the group develops a skin – and it most certainly felt like that, like a lateral surface tension between each of us – a group skin (Anzieu, 1999); Nitsun (1996) equates this phenomenon with a psychic skin, in turn promoting psychic integration⁵².

There were occasions when, after a session, in the *post* that took place when the co-therapists reflected together, the cry went up: "Good group!", sometimes accompanied by "they worked hard!" – and this was usually what was meant: a 'good' group meant that the group had worked. Brown and Zinkin (1994) maintain that it is the "good session" experiences that lay the foundation for

⁵¹But I am also very mindful of Winnicott's (1945) assertion regarding the patient who has to talk about all the bits and pieces of his/her life: "...the patient's need to be known in all his bits and pieces... this is the ordinary stuff of infant life... and the infant who has had no one person to gather his bits together starts with a handicap in his own self-integrating task..." This also pertains to the group, and the members' needs to be known.

⁵² There may, however, be times when it may not be easy to distinguish this from something more illusory and when in fact basic assumption functioning has prevailed; hence the importance of the pre-and post-session check-ins.

subjectification – becoming oneself more fully in the company and exchange with others.

The group was deemed to be working then when there was evidence of dialogue and exchange (Foulkes, 1964; Zinkin, 1994) taking place. Foulkes (1964) wrote of this being comparable to the free, egalitarian, reciprocal exchanges that occur naturally between children - in turn giving rise to the commitment of friendship and bonding. This, Foulkes maintained, not only created an archive of experience in the group - a mosaic of histories, memories and shared individual and group experiences - but also the group matrix (Brown, 1986).

In sessions where the group was working there is dialogue and exchange and engagement with one another, and the group challenging of one another, which could lead to shifts in perceptions –eg, as projections were taken back or recognised as something attributed to or projected onto another, or where the group is also made to think, in a less concrete way - about the group's unconscious role for Averil, for example.

Different types of communication in the group setting

On the whole, members tended not to locate – ie project - their issues on others - though a notable exception was Serena's projection of shock and pain, as discussed earlier. Members seeing their issues in others – mirroring – did occur and was helpful. This occurred with Peter and Frank who would have seen their struggles mirrored in Jason's reports of his anxiety and dramatic vomiting episodes, despite his suave superficial ease. Averil and Serena also

saw mirrored in each other something of their own disturbance, and experiences as babies of disturbed mothers.

Additionally, members might comment on another's experience, giving feedback – such as when Nicola says to Averil, who has listed her boyfriend's unsavoury attributes but adds that he's nice really, that to *her* this boyfriend doesn't sound nice at all! This challenge helpfully set the group to question Averil over what she tolerated, and how in this regard she did not help herself.

But there were also occasions when there was a risk that Averil or Frank, or Serena - or even Serena's mother - became the group patient, and this was taken up by the co-therapists.

Members' challenges would also be to what someone else was doing (eg being silent) or disagreeing ("He doesn't sound very nice to me", Nicola says to Averil), or defensive ("Why are you signalling me out?" reacts Frank); Jason meanwhile seemed to fire questions at the group rather in the manner in which he vomited - to evacuate his anxiety.

There was also the issue of who was holding what for whom, or for the group: this wasn't just about valency but also about disowned aspects of the group experience – eg ambivalence – being carried by another – eg, Frank and Kris regarding the ambivalence, but also Serena, towards the second summer break, holding the disaffection, and the 'anti-group' (Nitsun, 1996) for the group.

Spaces Between

Although the group met just once a week, and the weekly sessions seemed an important fixture for the membership, members also, of course, had lives outside of the group, in the space between these sessions, and for everyone there was generated then a constant tension and interplay between this space outside of the group and the space inside the group – providing another example of the figure-ground dialectic.

Averil said something about the spaces between ... and spoke about her family situation and not having a hand to hold on to 56

Here in this late session, one of the few remaining before the long summer break, Averil (and it is only Averil) touched on something very important in the group's analytic encounter: the interstitial spaces between the sessions, and, here, between herself and the other members. She seemed mindful of the yawning gap ahead as the group ambles towards August, the rupture afforded by co-therapist m's departure, and perhaps also the gaps, lacunae she was beginning to apprehend (eg "no hand to hold onto") as she reclaimed her sounder mind; Averil was also demonstrating symbolic thinking, and this was a measure of her maturational shift.

The apprehension of the 'space between' is also then part of the experience of being in the group. Bergese (2013) comments on the importance of 'spaces between' to the work of visual artists. Ogden (1997, p 107) reminds us of Debussy, who alleged that the music was in the spaces *between* the notes. Similarly, the group doesn't just happen once a week for 1½ hours but also *includes* the days between, and the spaces between the members as they move

about in the world. Ogden (1985) has also written of a space between *par excellence* - Winnicott's notion of potential space, as occupying an "*intermediate area of experiencing...between fantasy and reality*" (p 129), and including the analytic space, as just described, and transitional phenomena (Winnicott, 1971) in this context. It is here, Winnicott, says that exists the paradox: the infant creating the mother, but the mother waiting to be created.⁵³ For the group member, a corresponding awareness might be that the newly-discovered or understood part of himself has always been there waiting to be discovered (Bollas, 1987) – for Serena this was apprehending her mother's illness, and also her own anxiety states as they were mirrored back to her in the group and as being labelled hypochondriacal by her boyfriend's mother.

This has important implications for the therapeutic impact of the group analytic encounter on subjectification. Ogden (1985) writes of the state of mind necessary for play to be possible: a state of mind not where reality is pushed aside but where there is a transformation of something fixed and definitive (he cites a child's fear of water/having a bath) into something more mutable "*a plastic medium*", he says, allowing discovery and creation (p 132) and the "*quality of I-ness*".

For now, returning to the group, and drawing attention to the dawning felt experience of the prospect of no group over the summer and of the uncertainty about who would be returning in the autumn, Averil names an important phenomenon of psychoanalytic experience - something the co-therapists were to take up here – as an experience of an ending, of a death even, and an

⁵³ This is the paradox that also exists on the cusp of scientific discovery – this is Bergson's '*Le mouvement retrograde du vrai*' (Bergson, 1938; Serres, 1995), and there are many scientific anecdotes on this phenomenon.

apprehension of a space that the group was wanting to avoid confronting and thinking about.

For Averil, perhaps it is a measure of maturational shift that she identifies the spaces-between as something she is apprehending. Also, her difficulties in giving a narrative account of herself could also be construed as too many spaces between – *lacunae*, blanks from not being sufficiently held ontologically (Ogden, 2004) but also how she herself admits to not necessarily wanting to be understood – but perhaps that is when, just as when she misses a session, she slips out of her own mind even. For Peter, perhaps similarly: the wish for sameness is to plaster over not only the cracks but the gaps too.

Breaks and endings

The comings-together and the movings apart of the weekly sessions, - held by the co-therapists managing the frame and the boundary of the group - were amplified at the termly breaks – Easter, Summer, Christmas – and especially at the last summer break when one of the co-therapists (m) was leaving but also when some members had made plans for summer trips which meant leaving before the last session; and it remained unclear who exactly would be there in the autumn for the start of another group year.

Partings from and re-joinings are in the weave of everyday life but can be impregnated with sense-impressions relating to early infant and later childhood experiences of partings and being apart from – and the feelings that these then have given rise to. Bowlby particularly has elucidated these experiences in terms of disruptions to affectional bonds (Bowlby, 1979c).

In the group, the co-therapists were at pains to notify members well ahead of time of the dates for breaks, or when one of us wouldn't be present or when a new member was joining. For the most part the implications of these changes, and the group's emotional reactions to these disruptive absences, partings, and separations were not taken seriously as topics for reflection or discussion. Attempts to bring the group to an apprehension of N's absences, for example, were met with compensatory reactions of denial or manic flight. New members joining seemed a non-event (Jason), or else an inquisition (Kris). And the ending in the second summer was almost lost but for Averil who was in touch with the reality, and her own felt experience of being left – and perhaps abandoned by co-therapist m, whom, in fact, she had known from the previous group.

Nevertheless, the ending, like the many breaks, was a process, needing to be given space in the sessions for comment, and to be thought about and brought to mind rather than left to then be a sudden happening.

Non-attendance

Non-attendance was evident by absence and by empty chairs - which, in a therapeutic group become laden with significance: an undeniable reminder of someone's absence and non-participation. And yet the absent member remains notably present and potent by his or her absence, and likely as not will be spoken about regardless of whether notice was given or a message left about missing the session or not. Non-attendance can powerfully undermine the group endeavour and, as was evident in some sessions, the membership was encouraged to tackle non-attendance as it has a

powerful impact on the group functioning, fuelling resentments and anxieties undermining the group cohesion (Yalom, 1985) and commitment.

Not-working (ie Basic Assumption) group

...One can only imagine what sort of bedlam is created when this potential monster is turned loose in a group. Grotstein, 2003

What Grotstein was alluding to here was not just the destructive potential of what can become constellated and unleashed in a group - bearing in mind that "*each individual also contains a group self*" (Grotstein, 2007) - but also the complex multiplicity of interactions both conscious and unconscious that occur intra- and inter-subjectively.

A non-working group is one where there is evasion, resistance or other disturbance to maintaining the group's effortful task of analytic encounter. As we have seen, resistances take the form of *basic assumption* functioning where the assumptions are at odds with the assumptions of the analytic task. This means then that the work of thinking, and thinking about the here-and-now experience of the group is usurped by the lure to fantastical thinking, going outside of the group, outside the here-and-now and outside reality.

There were many instances of the group heading off and moving towards a more on a '*basic assumption*' way of functioning, and this necessitating management by the co-therapists to point out what was happening and to re-direct the group to its here-and-now experience of their encounter with one another and the therapeutic task:

...N takes up that the group haven't heeded what m has been
trying to point out here 02

...N spoke about the group concerning itself with telling people
outside the group but what about telling people one another
here? 03

...was everything being externalised? It seemed ok to talk about
rioting out there but what about in here? 15

the group seems to have gone off-piste, outside the room again...
50

We have already seen that anxiety is a natural phenomenon of analytic encounter, and that fight-flight is part of the natural physiological response to fear. Garland (2010) has commented on the need for some anxiety in the group but there needing not to be so much that the group seizes up; anxiety can be both catalysing and paralysing. When the anxiety belies fear of emotional encounter that is more than the group feels it can tolerate - or for which "*they do not feel prepared*" (Bion, 1961, p 82) and when there is "*little belief in their capacity for learning from experience*" (p 89) - then the group can be drawn to evasion of the group analytic task, and 'dialogue' avoided or feared (Brown, 1986). At this juncture, more magical solutions are then sought – such as 'fight-flight', 'pairing', 'dependency' or any other of the unconscious psychotic *basic assumption* modes of functioning. The most extreme example was Session 60 when only one member turned up; the rest of the group in flight from feelings about the ending – the long summer break, and loss of one of the co-therapists and uncertainty about who would be in the group in September.

In other sessions there was evidence of *basic assumption pairing*, for example:

N commented on how the group were letting Serena and Nicola runaway with their chat...

05

or gender divisions, which happened on at least three occasions when the membership was found to have seated themselves, unconsciously, along gender lines – even, in one instance, including the gender of absent members! The first time this occurred was when the group were introduced to the idea of the unconscious, and to the idea that there were things we did and choices we made that we were not aware of - although this seemed to catapult the group into a place of stasis, possibly having been more than the group could manage, though not for long.

The group also demonstrated a disallowing of difference, a wish for things to be the same, and especially for things to be nice and for aggression or riotousness to be kept outside.

... there was a tendency for everyone to be nice and sort of touch base but that it didn't move much beyond that, to a more honest way of relating to one another.

23

... as [the group's] niceness and decent-ness were attempts at avoiding aggression...

26

It was explained to the group why holding back their aggression didn't serve them: that aggression was needed for engagement, and particularly engagement with thinking.

There was also *dependency*, and a wish for the group to be taken care of:

the group's hope for us [co-therapists] to command and guide it and relieve it of its responsibilities to itself...

06

...N said there seemed to be a reluctance to talk about anything serious today...

09

The Co-Therapists

The co-therapists worked closely together as a thinking, co-operative – almost parental – couple, providing analytic reverie (Bion, 1962a,b) that in turn provided a holding environment for the group that existed over time (Winnicott, 1953; Ogden, 2004). This afforded to the group a sense of its own ontological existence (Winnicott, 1960; Ogden, 2004). Despite perhaps our differing perceptual 'lenses' we co-therapists were able to hold our difference, if there was any (eg over Frank), and work together.

In writing about the group therapists, Yalom (1985) cautions that co-therapeutic relationships should not to be entered into lightly; he suggests even running a group single-handed as preferable to trying to work with a colleague where the co-therapy "fit" is poor, and where there is incompatibility.

Clulow (2001), writing of couple relationships, identifies the inherent attachment security necessary in couple partnerships. He writes of:

...the capacity of partners to act, to use each other as a secure base...the ability to move flexibly between the positions of depending and being dependent upon ...

p 194

I felt these were important qualities of the co-therapy relationship also. Certainly, we had a marked commitment to the group and any random moment of contact during the working week was always an opportunity to discuss the group or its members.

How we worked: holding the frame

N and I worked a complementary reciprocity of joint and shared – if not always equal – responsibility⁵⁴. We met 30 minutes before the group started - to air the room, set up the requisite number of chairs, put any messages on the centre table, and also to pause and reflect on the previous week's session; this reflective practice was also conducted after the session to de-brief, think about the session and what might be going on for whom, and what we could have done differently, or might need to be especially mindful of and/or take up next time. This was part of the good husbandry of the group's care and maintenance - the 'dynamic administration' (in the group analytic parlance) – which provides the frame for the group analytic encounter to take place. Meetings could also occur, as mentioned, as impromptu moments of contact in the week:

I had met N earlier in the day and he had shared his relief that Dr T had seen Frank... We then also met in the corridor and shared news of two cancellations for tonight... Later, in the room.... we spoke about last week and decided some issues needing taking up... 04

I got an sms from N saying that he might be late, returning from Manchester, and so I might have to start the group without him... I checked messages: one from Averil... sent this msge to N. At 5pm, I phone down for the group and the door opens simultaneously – I think: It's the group! Already! – but it's N, breathless...moments later, the group come in... 42

In the group sessions, we would work individually though also together, linking via eye contact and endorsing or adding to what the other was saying or had said. This afforded the group an

⁵⁴ It will be remembered that I was a trainee, barely half way through my training, so naturally there will have been an imbalance in terms of clinical experience and maturity. I hope my co-therapist didn't mind; it was never discussed. I hope the group itself did not mind either, because I am sure discrepancies (in quality of interpretation, say) were discernible. For my part, it was a tremendous learning experience which ignited a – now ongoing - interest in therapeutic groups and group process, for which I am deeply grateful.

experience of a working, thinking, co-operative 'parental' couple comprising two individuals where different perceptions and opinions could be accommodated and not hinder or sabotage the joint enterprise. Indeed, Schlapobersky (2016) comments that in group psychotherapy, there is "*greater therapist transparency*" (p 209) than in other forms of therapy.

Solo co-therapy

There were six sessions which I took on my own when N was unable to attend. Sometimes this was planned and the group pre-warned, other times external events took over, and I had to step into the breach. But the group's reaction was largely non-committal –and non-curious⁵⁵ – despite much prompting by myself. Perhaps the anxiety about N's absence could not be borne and so was denied wholly. On the other hand, it was remarked that sessions without N generated less tension – but again efforts to take this up seemed to fail. In all the solo sessions I missed having my co-therapist partner – perhaps especially session 46 which I nicknamed the 'runaway group' – not so much because it was in manic flight but more that there was a palpable sense of trying to helm a boat that was running before the wind; I am not a mariner but I remember well the thought at the time that I needed to be taking in a reef since I had too much sail!

⁵⁵ See James Fisher (2011) in 'The emotional experience of K' for an exposition on curiosity – both in the patient and the analyst. In Mawson, C. (ed) (2011) *Bion Today* London: Routledge.

Holding and containing

The co-therapists provide both a 'holding' (Winnicott, 1960) and 'containing' (Bion, 1962a,b) function for the group. As with the "ordinary devoted" mother (Winnicott, 1949; 1966) and her infant in "primary maternal preoccupation" (Winnicott, 1956), both physical and psychological states are apprehended by 'holding' and in the provision of a "facilitating environment" (Winnicott, 1963):

...the maturational processes depend for their evolution on the environmental provision. We can say that the facilitating environment makes possible the steady progress of the maturational processes... to realise potential... pp 84-5

Ogden (2004) writes of how this 'holding' provides an 'insulation' against raw feelings of exposure as the infant – the group – takes a risk towards self-development. It also provides an ontological function, as already mentioned, so the group has a sense of its own vital-ness and sense of going-on-being (Winnicott, 1956; Ogden, 2004; Bollas, 1979).

Winnicott (1945 p 145 and quoted by Ogden, 2004) also wrote about the patient's need to be known in all his "*bits and pieces*" by one person (the analyst). This would also apply to the group, and the need to be known in all one's facets – but also explains some of the hesitancy in sharing. Serena gives lie to this when she comments:

... her boyfriend's mother had implied that Serena was a nervy type and hypochondriac...so her boyfriend asked her just how nervy is she?Serena doesn't want to think of herself as anxious and yet has to acknowledge that she is... 35

This is an important step for Serena, and perhaps a shift towards a more integrated view of herself. As Ogden (2004) also points out that the depressive position for Winnicott involves "*holding for oneself an emotional situation over time*" (p 1353) – and perhaps it is becoming so for Serena too.

The co-therapists also worked together providing a "container" for the group so that it is "contained" (Bion, 1962a,b). We have discussed earlier the transformation of β - into α by α -function whereby sensory fragments of experience, "*thoughts without a thinker*" (β -elements) (Bion, 1962a) are offered to the maternal/analytic container where a state of maternal/analytic reverie allows for a process of absorption, triage, detoxification, transduction, reflection, incubation and resonance so that a "*selected fact*" crystallises out that gives meaning and coherence to the communication (Grotstein, 2007 p 136); meanwhile, the β -elements have become transformed into α -elements suitable for thinking. The maternal/analytic person then responds and may share what s/he has felt – or may save it for another time. Grotstein alludes to renal dialysis as an analogy to this process. He also proposed (Grotstein, 2005) that Bion's container↔contained provided a template for attachment, and that the one is the counterpart to the other. There was evidence of bondedness in the group, although this wasn't spoken about.

Protecting the boundary

This group had a clearly demarcated boundary, and one that was vigorously enforced by the co-therapists. There was an obvious boundary around the time and setting – the same day and time each week, same room, the pre-session attention to the Foulkesian

arrangement of chairs around a table in the same room, and start and finish times. There was a protocol also around messages: these would have been delivered to one or other of us and would be left (with first names only) on the table at the start of the group for members to read. There was a boundary to be observed also around attendance, and around the group itself when in session – although breaches of this boundary would be more likely with a younger adolescent group where acting out is more likely (cf. Behr, 1988 who gives an amusing account of boundary violations in his groups).

However, maintaining the integrity of the boundary for the group was never something to be complacent about: acting out on the boundary, or persistent lateness or leaving the room could puncture the group's 'skin' (Anzieu, 1999) undermining its "cohesiveness" (Yalom, 1985). At the end of the session, one of us would – having already been designated - 'call time', ensuring the group finished punctually. We tended to alternate on this task of being mindful of the time in the session; in this way, we were the custodians of the group, guardians at the gateways of the group's therapeutic encounter.

As co-therapists, some thought was given to the initial composition of the group, and any new prospective member. The group were encouraged to utilise the heterogeneity of its membership: thus everyone, it was hoped, would identify with others in different ways at different times – thus the complaint by Frank that he could not relate to other members talking about sex and relationship was met with challenge, but also that he was carrying for the group this notion of something that could not be understood or related to because it hadn't been experienced.

Keeping the group on-task: comments and interpretations

Table 1 tabulates the relationship between what is happening in the group, the co-therapy remarks or interpretations, and then the subsequent response in the group. It will be seen that co-therapist interventions are not, for the most part, wordy or intrusive – although they do on occasion seem to stall the group (eg in Session 23) when it is confronted by what it might prefer to avoid facing and owning – its scapegoating of Frank, in this instance.

Pines (1993) described interpretation as a 'last resort' in the group analytic work; the therapy after all is

...by the group, *of* the group, including its conductor
Foulkes, 1975 p 3

and Schlapobersky (2015) refers to co-therapists as:

... occasional and cordial participants but [who] consistently refer back to the group...

And there was one session (05) when in the *post-* it was decided that we had spoken too much and needed to speak less – while, Yalom (1985) writes that it is the therapists' overall *Gestalt* that counts.

Brown (1986) advocated the leaving as much as possible to the group – while the co-therapists attend to their counter-transference feelings – and not to comment too fully even then. But, of course, there could also be states that were considered to move more towards a *basic assumption* way of functioning, and therefore antithetical to the group working (Bion, 1961). Other times, there

could be an *anti-group* (Nitsun, 1996) state, where the dialectic between the creative and destructive potential in the group could not be held and the latter favoured. And this would need to be addressed. If the group veered too much towards a *basic assumption* mode of functioning then comments and interpretations became less easily heard or taken on board. But Bion's views were:

...if the group therapy is to succeed it appears necessary that he [*the therapist*] is to have the outlook, and the sort of intuitive sympathetic flair, of the good unit commander

Bion (1943), *The Lancet*

Years later Bion is more circumspect, encouraging his seminar members to:

...respect the uniqueness of your own personality – that is what you use, not all these interpretations...

Bion, Brasilia Seminars no 3 (1975)

Comments and interpretations were made when the group was felt to be struggling to stay on-task, and with the here-and-now; or when it ran into difficulty, or 'went out of the room' by talking overly about external factors:

There were questions... and more... about depression and serotonin levels and Wikipedia definitions – whereupon N chipped in that he wondered whether this was a Wikipedia experience here and that he wondered about whether something more authentic was possible?

20

As here, interpretations were made to the group-as-a-whole, and not individual members, although we remained attentive to what was happening for individuals. For example, if an individual member was clearly struggling with something, then this would be taken up by the co-therapists as something that had resonance for

other members also; sometimes the individual member was deemed to be 'carrying something' for the group. But comments and interpretations could also be galvanising:

...I also said something about Peter's remark regarding Frank [Frank had said there was something that he had wanted to share but 'couldn't be bothered'] and that I had wondered whether that went for the group as a whole too – not just Frank ...Frank then spoke ...falteringly and with the preamble that he didn't want to upset anyone or cause offence ... but that it was something he had noticed over several groups... and that it was about... relationships, relating to others, boyfriends, girlfriends... that he couldn't...Nicola said...that that wasn't really true... N... then ... said something ...because there was a shift now... this stuff [was also about] ... relating to one another here, not just outside ... a more honest way of relating to one another here.

23

But the group had its resistances:

...the group ...seemed to seize up... everyone wondered what was meant, how to make comments... how these would be received; fear of judgement... Nicola said that she had something she wanted to say to someone... and the group then put pressure on her to say it... she said to Frank that one thing she found difficult about him was that when she spoke to him he seemed to look away or seemed to take ages acknowledging what she had said as if considering it for a very long time ... I wondered (to myself) what this had made her feel inside ... eventually she said this: she felt rejected...Frank then spoke... his side of things: that he was aware of how he was slow to respond, but also that he hadn't thought about how this was felt...

23

At other times comments could be challenging to lackadaisical not-thinking:

Nicola said [to Averil] that she had this habit of starting to talk but then laughing at what she was saying so that she negated what she was saying, and Nicola said she felt this was so unnecessary. Averil spoke about how she recognised she did do this; she had done it recently at work and had ended up not getting paid. She started to talk about her project... as she continued to tell her story it became less and less coherent.... Nicola then said: "It's good to talk..."

"But is it though?" said N, "What is being spoken about here? And does it make sense?"

31

Nitsun (1996), like others, makes a distinction between types of interpretation – whether interpretative or more focused on primitive dynamics - and whether they are group-analytic or Bion-Tavistock-group-as-a-whole (which Yalom (1975) calls 'mass the group process commentary'). As Table 1 shows, in the group featured here, the interpretations seemed to be in response to whatever was called for:

...there seemed to be a long preamble; everyone seemed fed up... Frank spoke for some time... I wondered whether his anxieties had been properly heard... after my remarks about fed-upness and wondering where everyone was, Serena said she was feeling unwell... Averil seemed to be holding back... Nicola saying that she hadn't wanted to come today... N then said that he wondered what was not wanting to be learned about here today...

12

...N also said something about links and linking and that there was a difficulty or a resistance to seeing the links...

55

Maturational Change

The group psyche and dynamics are ever in flux: shifting like sand on the sea bed with the wash of unconscious tides and currents and skirmish of environmental winds. Whatever is captured, apprehended, is captured for that time, that moment, but always the moment is part of something larger, the *Gestalt* of the matrix, the 'implicate order' of Einstein's unified field (Bohm, 1980).

Table 3 is an attempt to demonstrate, in a basic way, that there is evidence of maturational change in the membership. Of course, as Garland (1982) has pointed out, change is not synonymous with growth, but it may be a pre-requisite for it – and indeed by joining the group and additionally renewing their initial commitment to this “alternative system” (Garland, 1982) by continuing to attend, members were engaging in an inter- and intra-subjective process of “transmutation”.⁵⁶

The group's capacity to bear emotional knowledge⁵⁷

Emotional and psychological growth could be said to develop in the context of a capacity to bear emotional knowledge. Ogden (2004) citing Winnicott (1954) offers that the depressive position

⁵⁶ It is interesting to note the alchemical language here; Garland also writes of “assays”; of course Jung used the metaphor of alchemical process to think about psychotherapy – eg, the *vas* as container – referred to earlier here (*infra*).

⁵⁷ At a more societal level, Neil MacGregor, the former head of the British Museum, links the capacity to bear emotional knowledge with larger social maturation. He writes of the collective amnesia of historic atrocity and oppression that envelopes some nations (he particularly singles out Great Britain), and of the “*absolutely murderous shadow side*” that therefore remains disavowed. He continues: “*I do believe that the more truths you can glimpse and lay hold of, even if they are shifting and contradictory, the better chance of freedom you probably have*” (“Britain forgets its past. Germany confronts it” *The Guardian* April 17 2016). Meanwhile, Auestad (2016) in *New Associations* writes of the collective targeting and denigration of ‘otherness’ as a feature of the social unconscious, and she laments the loss, as she sees it, of psychoanalytical thinking informing current social science and thinking.

involves holding oneself in the emotional situation over time, while Segal (1952) writes of the loss inherent in what is given up in the service of development.

In most members there was evidence of holding an emotional state over time (eg Serena and her attitude to her anxiety) and of loss in the service of development (eg Frank and his glasses). In most members too there was evidence of increased subjectivation, of a gradual apprehension of family and personal history and an attendant appropriation of self as subject - which had an impact on relationships as well as being more out in the world. This came out of the exchange between the members, of an experience of more "live company" (Alvarez, 1992), of comments and interpretations offered to the group, and of the matrix (Foulkes, 1975), and the group skin (Anzieu, 1999) which supports the work of psychic integration (Nitsun, 1996). The extent to which the co-therapists' remarks and interpretations were heeded and taken on board was variable, reflecting the extent to which the group was working, and able to engage and stay with emotional knowledge – about itself as individual members and collectively as the group-as-a-whole. This was about developing a capacity for K and K-links (Bion (1962b), and a mind available for itself as well as to another.

Panksepp and Biven (2012) have written about the 'idiographic self' – the experience of a self that has become self-reflective, and differentiable from the self that is subject to, and assailed by unprocessable affect, and there is evidence that the group moved in this direction.

Socialisation and engagement

There seemed to be an increase in socialisation – ie the members' capacity to be social beings - and being more out in the world. Peter became more present in the group and more challenging of others. He became able to attend without anxiolytics, and it is commented that he has become "warmer" as if a previously frozen or petrified state had begun to thaw and shift, and his re-positioning had now begun to include others.

Frank started out in the group as quite schizoid and chillingly imperious and impervious to all and everyone around him, blind to his aggressiveness and rebuffing repeatedly Peter's efforts to pull him into contact, while retaining for some time the position of one foot in the group and one out reflecting his tenuous commitment. And yet, he comes to hear of the impact of his disdain, comes to tolerate his fear of engagement, and manages to rescue his place at a well-respected university, and gets into student life, sustains it, and in fact, he begins to enjoy it, discovering a way out of his isolation and hostile and projective states of mind.

Nicola talked about things 'shifting' for her, and came to realise her patterns of relating – to people and opportunities: she felt she was inviolate and pursued exciting and idealised arrangements but when reality bit, became disappointed and resentful. Nicola seemed to begin to move past this habitual approach, and spoke movingly in the last session.

Averil said that the first group she attended helped with her family; with this one she has had to confront her own chaotic mind and muddled thinking and interactions; when she attended regularly, she seemed much better able to talk and communicate with

coherence. Averil applied for a postgraduate course in film and was accepted at a well-known college.

Kris joined relatively late, so any shifts in psychological growth were far less discernible but his attachment-disordered presentation became more evident, as indeed did his anxiety; but he was one of the members who said early on that he would return to the group in the autumn.

Although this is a simplistic rendering of some aspects of being able to tolerate the acquisition of emotional knowledge there is evidence of maturational change in the membership and psychological growth. Most members commented on improvement in mood, there was a reappraisal of learning and education, social functioning also improved with an evaluation of current and future relationships. In all there seemed to be an improvement in the capacity to reflect also – even though there was also a sense of fragmentation towards the end of the term – a response to the summer break and uncertainty about the configuration of the group in the autumn. All members seemed more out in the world – Serena travelling abroad but also leading seminars outside her own university; Frank at university; Averil working freelance but also embarking on a postgraduate course; Peter working for someone outside his family entourage, and Nicola not hiding abroad but finding a place in the UK – and all members were more questioning of relationships and their roles in them – or of their lack of relationship. For Serena, from early on, there was an awareness of a different way of seeing, less Cartesian perhaps, and certainly with a stronger validation of affective experience. But development is not linear and for, for example, Serena, her acquisition of emotional knowledge regarding her mother and father is not extended to

herself when she has the emergency hospital admission and surgery; codeine will do instead. And later on there is a resistance to apprehending certain links that makes her annoyed with N. In many ways, it is Frank who develops the most. Peter also comes to mind in this context: he too did become more assertive. But of all the members, it is Averil, most in touch with the group's unconscious, and who is also most aware of and able to symbolise the ending.

Conclusion

The group met weekly at the same time in the same place for the same length of time, for 15 months. What differed was the configuration of members, and very occasionally the number of co-therapists. The group was a therapeutic group; the research project was entirely retrospective.

The co-therapists, despite different professional backgrounds and theoretical 'lenses' worked together to maintain the frame for the group, hold the boundary, minister to the group in its analytic task of relational encounter, and manage the myriad 'dynamic administration' tasks of group husbandry and maintenance.

Members brought complex, changing constellations of feelings and feeling states to the group, including bodily symptoms and relational and developmental predicaments which would interweave at conscious and unconscious levels as a result of dialogue and exchange. Although hard to conceptualise, the complexity is intrinsic to the quality and inherent therapeutic nature of the clinical group matrix – Foulkes' (1964) notion of the multi-dimensional shared lattice of relationship and communication that

exists in the group as the bedrock of the group therapeutic encounter providing meaning and significance, and a bondedness, to the experience. This confers on the group the qualities of Bollas' 'transformational object', while the matrix itself links with Jung's collective unconscious, Winnicott's transitional space, and Stern's primary intersubjective matrix. We have seen evidence for the group as a working group, even though there were times when its *basic assumption* functioning dominated and got in the way of the therapeutic encounter. Yet there is evidence for the group's capacity to bear emotional knowledge – about itself but also as regards its membership. Both Bion and Foulkes recognised that in becoming a member of a group, the individual surrenders his preoccupations and 'illness' in return for something that has meaning and import for all members – their relations with one another.

Tables

The intrinsic complexity of the data precipitated initial conceptualisations, as we have seen - eg, the use of 'lenses', and borrowing Foulkes' notion of figure-ground - to help with my thinking about apprehending the material. Additional to this, and to the narrative account, has been the use of Tables as part of the data analysis. Excerpts are given here; the complete body of Tables is collected in Appendix 2.

Table 1: Representation of the links between the group and the co-therapists' interactions *excerpts also in text*

This table is the result of close scrutiny of the data, selecting salient moments and interactions in the group, summarising these, and noting the co-therapists' comments or interventions, and the group members' responses. In this way, it is hoped to demonstrate the shared, multi-dimensional matrix of relationship and communication that existed between the members and also the co-therapists, and how this co-created the bedrock of the group therapeutic encounter. The excerpt here is from Sessions 8, 9 and 10 which show the scope of the group dialogue, co-therapist reflection and/or interaction, and the group's individual and collective responses.

Table 2: Basic representation of thematic density over sessions p 83

Table: preliminary workings for Table 2: Emergent themes and categories in Appendix 2

This documents the initial stage in the identification of themes/categories which, following more over-arching categorisations became Table 2 (p 83).

Table 3: Findings: Individual group members and aspects of maturational change *in Appendix 2*

This Table relates directly to evidence for the evolving maturational change in the group membership from their initial baseline presentation. The example here is of Frank who demonstrated some notable shifts in functioning.

Table 4: Themes of group sessions in months 0-7 and 8-15 *in Appendix 2*

This table catalogues the themes presented over all the sessions, but divided into two halves of the first and second 7-months of the group. It illustrates a shift in members' individual concerns with themselves and their predicaments to a larger concern for the quality of relational encounter within the group itself as individual pre-occupations became less pressing.

In the section presented here, it can be seen that what the group brings and presents in initial sessions tend to be broad, general topics; in the sessions some 7-8 months later, themes are more specific to the group members experience and to the collective group dynamic: indicative of an increase in intersubjectivity and relational encounter.

Table 1: Representation of the links between the group and co-therapists' interactions - EXCERPT 2

Session no	Group: ambient mood/presentation	Co-therapists: observation, comments, interpretations	Response to intervention
8	<p><i>Pre:</i> Long catch up re last week.</p> <p>Serena: late; asks re messages; repeat dates. Group sits back and waits; empty chairs stare back. Serena: quiet. Peter: feeling useless and despondent, here, now; asked Serena if she was still scared of getting better; discussion re different depressions. Very stilted.</p> <p>Averil: Nicola and suicide talk; hadn't taken it seriously; wishes she had. Serena endorses this; anxious all week; wonders if she upset Nicola; appeals to co-therapists: is she ok? Serena would tell Nicola later how cross she was.</p> <p>Serena: turbulence with bf who tells her to smoke cannabis to calm down.</p> <p>Is it ok to bring dreams here?</p>	<p>Announcement: dates of Summer break.</p> <p>Empty chairs cause of anxiety.</p> <p>Peter seems desperate for something from group; Comment: Something very difficult for group today: empty chairs, disappointments.</p> <p>Comment: Perhaps Serena thinks we're withholding info? How angry the group must feel left wondering and not knowing; impact on group of absence and no messages. Yet still denial of anger, why not bring anger into room? It is psychoanalytic psychotherapy!</p>	<p>Averil: she won't remember.</p> <p>Anxiety denied.</p> <p>Further denials.</p> <p>Group laughs. Serena speaks of dream.</p>
9	<p><i>Pre-</i> discuss phone call to Nicola.</p> <p>Message on table: apologies from Averil .</p> <p>Peter: sits in different place; Serena comments; Peter: this is new challenge. Nicola (flat): apologies for missed session, worry re work. Serena: impact of worry on her, then apologies for over-reaction.</p> <p>Talk of work. Peter: sms-ing girl, then bailing. Things neat and tidy.</p>	<p>Peter sits next to female co-therapist(who picks up smell of Persil /fabric softener).</p> <p>Wondering about Frank.</p> <p>Comment: Impact of not coming on Group: Was worry about suicide-talk over-reaction?</p>	<p>Serena tells Nicola of impact of her absence.</p>

	<p>Serena bubbly; Peter: keeping her company; Nicola chipping in. Serena: dream re car crash. Frank arrives. Serena: asks Frank why he didn't attend last week; Frank says he was unable to leave; sometimes can't get out door.</p> <p>Nicola: all ok for her until she started school; Serena: opposite for her.</p>	<p>Concentrating hard: where's group gone? Image of boxes. Frank's slow detachment + grin chilling. Comment: Hard for everyone to attend. Comment: Reluctance to talk about anything serious today. What was it about leaving home? group's fear about taking risks with one another, all neat and polite here.</p> <p>Comment: Look, this is about looking after yourselves, your mental health; you need to come, especially if feeling suicidal...</p> <p>Comment: Dream about group: what happened when you kept doing something without stopping to think about it, you crashed.</p> <p>Comment: group's difficulty in allowing more infantile feelings here.</p>	<p>Peter: less hard for him since he was nothing to do all day.</p> <p>Serena: ok with her: she's feeling good, has had physio.</p> <p>Serena doesn't want to talk about upsetting things; things changing for her; dream re car crash. Impatient with children; feeling guilty about how group seeing her mother.</p> <p>Nicola: things shifting for her too. Frank: difficulties re money and mother; realising he did have some good memories; doesn't feel like real person. Nicola: feels same.</p>
10	<p>Nicola, Peter and Averil arrive together. Nicola asks after Peter: hadn't been able to get out of bed yesterday; had planned to see friend, who had loads of friends which Peter finds intimidating; Nicola: understands this. Frank: arrives but silent. Serena: arrives, and apologises. Peter: is he doing this group psychotherapy properly? Serena: loads of things during week to bring here but when it comes to it, can't; problem is being on her own. Peter: he erects brick walls around things that are difficult to resolve; talk of self-harming. Group encourage Serena to share. Serena: its mad stuff. Averil : often has mad thoughts. Serena: shares contamination fears re</p>	<p>An awkwardness. Comment: Awkward chit-chat. because waiting Serena to get things going? Frank looks v thin. P asking for tips, feedback.</p> <p>Comment: the pairing of Serena and Averil. Comment: group wanting more from</p>	<p>Yes, say Peter and Averil.</p> <p>Yes.</p>

	<p>hepatitis; Averil: similar worries. Serena to Frank: he's v quiet. Frank: he knows. Serena: he only speaks when spoken to; Frank: he knows. Frank: talks about visit to grandparents' house and family feuding. Serena: her father's illness and collapse; her mother never took any of S's worries seriously. Serena: she wants help with her stuff; what did others make of group? Peter: he's not thinking about it until it's done; Frank ditto. Nicola: things shifting, had already changed a lot. Serena: she knew she was getting a lot from it; that she was much more aware.</p>	<p>co-therapists. There is a softening in Frank. Atmosphere very heavy.</p> <p>Comment: Group felt judged by co-therapists.</p> <p>Comment: summer break and being left.</p> <p>Comment: relationship between co-therapist: what was it and did we talk about them?</p>	<p><i>Post: "Good group!" "need to take up reactions to summer break – and the return in Sept; group's hunger now for help and relationship.</i></p>
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Table 3: Findings: Individual group members and aspects of maturational change *EXCERPT*

Group member	Baseline feeling states and symptoms	Reduced symptoms/better tolerance	Increase in reflective function	Increase in texture of relating	Increase in subjectivation, agency and more adult roles	Increase in self-acceptance
Frank	Presents with wry contempt and aloofness; anorectic schizoid state; significant levels of anxiety + physical symptoms and panic attacks; can be incapacitated and then unable to go out; goes out without glasses so can't see and can't see others seeing him. Ostensible disinterest = defence against engagement. Powerfully aggressive but disowned and displaced (computer games) "chuntering".	<p>5: nice girl in shop he talks to</p> <p>Not looked at girls in 10 years;</p> <p>beginning again</p> <p>36: doing best since starting uni; goes in most days</p> <p>36 Talking to others at uni; much group interaction which he likes</p> <p>40 Group tell him he has opened up</p> <p>43 : noticing feeling better</p> <p>42: college more enjoyable; has attended everything; keen to move out of home</p> <p>57: has passed his exams; feeling "very settled" in himself</p>	<p>9: Discovers box pertaining to childhood: realises has some good memories</p> <p>10: Discovers he is hidden in family photos.</p>	<p>2: Stated intent to make contact</p> <p>19-21: can admit to better days in college and start of relational interactions with other students</p> <p>47: engages with Serena when she asks him questions.</p>	<p>7: meeting w father not seen in 10 years</p> <p>16: physically looking better</p> <p>23: dressing better</p> <p>36 thinking of moving out</p> <p>38 keen to leave home</p> <p>59 moving out of parental home after summer.</p>	<p>23: Unaware his hostility and disdain alienates others until this is shared with him</p> <p>43: admits to tension re new member (J) starting</p> <p>47: Admits cdnt bear to be disappointed re relationships</p> <p>57: Elects to remain in group, Returning in Sept.</p>

Table 4: Themes of group sessions in months 0-7 and 8-15 EXCERPT

Themes 0-7 Months	Themes 8-15 months
1 Anxiety Referral process Empty chairs Symptoms – bodily, emotionally How to do this therapy? Medication Addiction Silence Symptoms bodily 2 Sameness; difference Gender Anxiety Things getting heated Throwing yourself into things Force Silence Making contact Hope and expectations Alcohol Friendship Depression 3 Presentation in Uni Study	31 Dates for when N away Touching base Broaching and breaching Managing anger and disappointment Annoyance with absent members How to say: I don't want to be with you? Averil and self-negation Collusion with confusion 32 Challenge on absence Antidepressants Can group help? Medication for anxiety Deadliness Wanting to tell A to shut up How to talk about relationships when you haven't had one 33 No N Laughter and companionableness Keeping co-therapists separate Group wanting A to come every session, even if late Absence challenged Anxiety Spoiling Age What P does all day

<p>Uni</p> <p>Feeling worse</p> <p>Boyfriends</p> <p>Parents</p> <p>Upsetting others in group</p> <p>Silence</p> <p>Not fitting in</p> <p>Sex and seduction</p> <p>Sexual identity</p>	<p>35</p> <p>Dream</p> <p>Mixed week</p> <p>Realising if don't attend something is missed</p> <p>Prize-winning and envy</p> <p>Worry: inherited madness</p> <p>Separation from boyfriend</p> <p>Perceived as hypochondriac</p> <p>Not wanting to be seen as anxious</p> <p>Vomiting</p> <p>Flunking school</p> <p>Unavailable father</p>
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Chapter 4

Conclusion

The Group's Development

The group did not start out as a group but as an assortment of individuals each of whom had been prescribed group psychotherapy as the clinical intervention of choice for their presentation. From this disparate but also shared beginning, and being informed by the co-therapists of the protocol, each young person brought something of themselves for consideration and sharing in the weekly meetings. In this way, the gathering of individuals became a group – with an alliance to themselves as individuals and also collectively to the group – as well as to the therapeutic task of relational encounter. So, while members had nothing in common on the one hand, and everything in common on the other, through the presenting of their different histories, their variety of affective disturbances and somatic symptoms, and the manners in which they had become impeded developmentally, they co-created by reciprocal intersubjective exchange the means by which they were also to be helped, and help one another therapeutically. In this way, the group was also a transformational object (Bollas, 1979).

Members renewed their commitment to the group and its process and mechanism for change and transmutation (Garland, 1982) by continuing to attend; additionally, by "*taking the non-problem seriously*" (Garland, 1982) there were gradual shifts in perception - from the preoccupation with individual problems to an interest in group-as-a-whole, and its 'non-problems'.

Bonding

Bondedness was evident in the group by concern for one another's wellbeing, and also in time the group's. Initially it may, ironically, have been anxiety and sameness that bound members together, but gradually in the unfolding exchange between members each week this shifted, and a richer texture of relating and being together evolved. Attachment was never spoken of formally but was evident; another study could reasonably look at this as a feature of group interaction; Yalom (1985), for example, refers to "cohesiveness" and insists it is an important part of the therapeutic experience. Stern (2004) writes of the therapeutic function of the 'present moment' *Gestalt* and the inherent co-creation in this intersubjective relating becoming the foundation secure attachment.

For my part, I felt very attached to the group. It was always the priority item on the weekly academic day when it was scheduled (aside from an individual clinical session at lunchtime). The responsibility felt enormous, yet it also felt shared, and additionally it was "*therapy by the group of the group, including the conductor*" which necessitated a different analytic stance: Schlapobersky (2016 pp 206; 209) has commented on the group therapist being more 'transparent' – and I felt this – and an example of this might be the more 'open' working and liaison between the co-therapists. But whether more creative or more anxiety-provoking than individual therapeutic work, I am not sure; what was evident was that I enjoyed working as a co-therapist and being part of this group immensely - even though my own anxieties could be stellar and require attention beforehand, as mentioned earlier. Technically, the

work was as much in providing and holding the frame as it was in offering interpretations.

Observations of change

Infant observation, which forms an integral part and indeed underpins the child psychotherapy training involves the development of close but inconspicuous observation. In the group, visual observation and apprehension of members was essential, anchoring the clinical work and complemented by information gleaned from the counter-transference to give a picture of where a young person was, and what might be preoccupying them in the here-and-now, or being projected. There were changes that I noted on an almost weekly basis: Peter managing to come despite no Valium, Frank replacing his old gristly trainers for trendy Converse; Nicola changing her short mini-skirt for jeans and a chic hair cut; Serena on occasion wearing patent-leather shoes... yes, these are sartorial notes but they signified an inner shift, a change in relating to the world – whether a determination to manage anxiety differently, a wish to stand more firmly in the here-and-now and to join in, be like other students; a realisation that seduction won't work here and is not appropriate; and perhaps something about making a statement: this is me. But change was also noted in the capacity to stay with emotional states, and in the capacity to bear emotional knowledge, as we have seen, alongside increased subjectivation and also socialisation; there was also a return to education for some. Additionally, there was the authenticity straining in Serena's voice asking for the group's help or support, or for more from the co-therapists; Frank's gradual coming in from the cold of his psychic retreat; Nicola's powerful shift from being victim, then seducer, then lost, then empowered as she realised the pattern of idealisation and

denigration in her relationships. It was profoundly moving to be party to – and part of – the weekly arrivals and settling in and exchange and work of the group, and then leaving, and it was painful to have to leave myself – and also not to know how they would be returning in the autumn. But Segal (1952) comes to mind again, when she reminds us of the loss inherent in what has to be given up in the service of development.

Arriving at Some Definite Findings

The data set comprised some 60 sessions, about 50 of which were written up fully as process notes. Multiple readings and interpretations of the data set were – and remain – possible, opening up the larger possibility of further study at some later point perhaps. Initial discussion with supervisors confirmed the scope of possibility but also directed the focus on the need to master the data, whilst also giving great attention to the detail of the sessions using a form of Grounded Theory. Complexity was apparent at almost every turn. Despite playing with ideas about how to conceptualise this, working with initial sense impressions and tabulating this proved a definitive starting point in providing a framework for examining the data more closely using a form of content analysis. An initial table was drawn up to delineate evidence – supporting initial impressions – of the predominant thematic preoccupations of the group and its membership. From this baseline it became possible to explore in detail individual members' presentations and difficulties in terms of their states of mind, body and feelings, and also aspects of change and development, as presented and discussed earlier. But the evidence for maturational change has included: more intersubjective relating and of more “live company”, an increase in subjectification – the

appropriation of one's history and oneself as subject (rather than object), with an attendant ability to tolerate emotional knowledge, an increase in members' capacity to be social beings and be more out in the world; there was also a taking up of tertiary education for some, with some considerable pleasure in belonging and becoming part of something that was bigger than the sum total of oneself and one's problems. Which was of course also another way of experiencing being in the group.

Why Group Psychotherapy for Adolescents?

Disturbance and breakdown of the adolescent process is well documented and carries significant morbidity. Group psychotherapy lends itself to adolescents in difficulty at all stages of this developmental process as much that signifies their developmental tasks can be enacted and explored and supported in the safety and stability of the clinical group setting – and, as we have seen, this includes their struggles with their relational and psychosocial difficulties which continue into early adulthood.

Group psychotherapy also offers an opportunity to repair earlier intersubjective experience - now in the context of a new ('family') group, offering the possibility of repair to ruptures that occurred in the primary intersubjective matrix. In this regard, the joint working, as we've seen, of the co-therapists has important therapeutic function providing holding and containment, as well as modelling a creative working 'parental' partnership – and one whose reflective, containing capacity may become internalised as a 'vital form' (E.Balint, 1972; Stern, 2010 p 144). Meanwhile, in giving one another feedback, group members also become active co-therapists themselves (Schlapobersky, 2016).

What I Learned and What has Stayed with Me

Despite my initial shock and disbelief at being asked to take part in running a group (and make no mistake, there is no false modesty here), this group therapy experience became perhaps the most definitive learning experience of my clinical training. Certainly, it put me in touch with areas in myself that needed attention, and this, together with the group members' individual presentations, was apprehended more forcefully in the more here-and-now and visceral experience of the group, than that afforded by individual work. In this regard, then, it was very powerful and moving - and also very levelling: the group therapist/conductor is part of the group; this is Foulkes' idea of its 'horizontal' as opposed to the more 'vertical' dynamic of individual therapy. But comparisons are odious and perhaps not that helpful: it is the intervention that is indicated that matters, and whether it is a good fit with the needs of the group's members. For these group members, in this instance of 15 months, it was.

The main difficulties in the work were possibly around my inexperience – though this was never discussed, even when I attempted to broach the topic apologetically with my co-therapist. I learned a great deal – not only about psychotherapy and the analytic encounter, and about groups – but also about the commonality of all of us. Additionally, I was struck by the intense interactions that occurred - and indeed also by an inherently aesthetic quality, which, I am relieved to find, others have also commented upon (eg, Nitsun, 1996 p 290).

Group Psychotherapy and Child and Adolescent Psychotherapy

Psychoanalytic group psychotherapy seems to be a much under-rated and under-used treatment modality, yet child and adolescent psychotherapists are already well placed to work as co-therapists as their psychoanalytic training anchored in observation and unconscious processes at work in clinical encounters serves to hold and manage the complexity of the group dynamic.

I would be an advocate of more group analytic therapy in CAMHS – all the logistics around the important 'dynamic administration' notwithstanding. For example, a group for young people leaving CAMH services would be a good idea: the adolescent developmental process is no respecter of age, and the CAMHS cut off point of age 18 years (17½ in some trusts) leaves many young people stranded – discharged from CAMHS but very often not meeting the threshold for acceptance into adult services. For these adolescents, inhabiting a borderland between adolescence and adulthood (Warner, 2002), the struggles to maintain their gains from CAMHS without a supportive structure in place remain considerable, often compounding baseline vulnerabilities and social isolation alongside their mental health difficulties. A psychotherapy group would have much to offer in such circumstances as adolescents in transition are a particularly vulnerable if heterogeneous group. A psychotherapy group could offer young people - as we have seen here - a space to contain, explore and work through the issues that could derail development into adulthood, leading to further reliance on mental health services - as well as serving to facilitate and manage relational encounters.

Further Research in Adolescent Group Psychotherapy

Garland (2010) has commented on the complexity of group interactions inhibiting research, and certainly there seemed to be little research of psychoanalytic group work with adolescents available that I could read while thinking about this project.

Further research in psychoanalytic group psychotherapy with adolescents would be desirable so that different experiences can be made available and learned from, possibly contributing to theory development also – as well as generally raising the profile of psychoanalytic group work with this population. The strengths and limitations of this particular study constellate around its complexity: that there is a lot that occurs in the rich textured intersubjectivity of the group analytic encounter, as we have seen, yet each facet (for example, subjectivation, bondedness, reflective function, somatic communication) warrants study in its own right. And although the dual researcher-clinician (or “insider-researcher”) may not be an easy role (Evans, 1988) it is one that has an important mandate in taking the child psychotherapy profession and its clinical work forward (Boston, 1989; Hodges, 1999, quoted in Midgley 2009) and in helping bridge the gap between clinician and researcher (Midgley, 2014; Parkinson *et al* 2015) and also between individual and group psychotherapy.

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APPENDIX 1

NHS
Health Research Authority
NRES Committee London-South East
Room 4W/10
4th Floor West
Charing Cross Hospital
Fulham Palace Road
London
W6 8RF
Telephone: 020 331 10104

15 May 2012
Ms MONIQUE MAXWELL
ADOLESCENT DEPARTMENT, TAVISTOCK CLINIC
120 BELSIZE LANE
LONDON
NW3 5BA

Dear Ms MAXWELL

Study title: WHAT IS THE NATURE OF THE THERAPEUTIC
ENCOUNTER IN AN ADOLESCENT PSYCHOTHERAPY
GROUP?
REC reference: 11 /LO/1931
Protocol number: N/A

Thank you for your letter of 21 March 2012, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the

Chair. Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission ("R&D approval") should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements.

Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at <http://www.rdforum.nhs.uk>.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of approvals from host organisations

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Covering Letter		08 November 2011
Evidence of insurance or indemnity		
Investigator CV		
Participant Consent Form	2	21 March 2012
Participant Information Sheet	2	21 March 2012
Protocol		
REC application		
Response to Request for Further Information		21 March 2012

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document "After ethical review - guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- **Notifying substantial amendments**
- **Adding new sites and investigators**
- **Notification of serious breaches of the protocol**
- **Progress and safety reports**
- **Notifying the end of the study**

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

Feedback

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

Further information is available at National Research Ethics Service website > After Review

11/LO/1931 _____ Please quote this number on all correspondence

With the Committee's best wishes for the success of this project

Yours sincerely



Professor David Caplin
Chair

Email: Rachelbell3@nhs.net

Enclosures: **"After ethical review - guidance for researchers" [SL-AR2]**

Copy to: *Ms Trudy Klauber*
 Dr Rob Senior, Tavistock and Portman NHS Trust

GRADUATE SCHOOL

Director: Alan White, BA(Hons) PhD
uel.ac.uk/gradschool



Ms Monique Maxwell
16 Museum Mansions
63A Great Russell Street
London
WC1B3BJ

6 June 2014

Dear Ms Maxwell

**University of East London/The Tavistock and Portman NHS Foundation Trust:
research ethics**

Study Title: *What is the nature of the therapeutic encounter in an adolescent psychotherapy group?*

I am writing to inform you that the University Research Ethics Committee (UREC) has received your IRAS application form and NHS approval letter, which you submitted to the Chair of UREC, Professor Neville Punchard. UREC accepts that you received ethical approval from a duly constituted ethics committee. Please take this letter as written confirmation that had you submitted your NHS application and approval letter to UREC, in the correct way, UREC would have noted your NHS ethical approval.

For the avoidance of any doubt, or misunderstanding, please note that the content of this letter extends only to those matters relating to the granting of ethical clearance.

If there are any other outstanding procedural matters, which need to be attended to, they will be dealt with entirely separately as they fall entirely outside the remit of our University Research Ethics Committee.

If you are in any doubt about whether, or not, there are any other outstanding matters you should contact Mr William Bannister at the Tavistock and Portman NHS Foundation Trust (e-mail WBannister@tavi-port.nhs.uk).

Yours sincerely

pp^Catherine Fieulleateau
Ethics Integrity Manager

For and on behalf of
Professor Neville Punchard
Chair of the University Research Ethics Committee (UREC)

Tel.: 020 8223 6683 (direct line)
E-mail: c.fieulleateau@uel.ac.uk



c.c. Mr Malcolm Allen, Dean of Postgraduate Studies, Tavistock and Portman NHS Foundation Trust
Mr Will Bannister, Associate Director, Education and Training, Tavistock and Portman NHS Foundation Trust
Professor John J Joughin, Vice-Chancellor, University of East London Professor Neville Punchard, Chair of the University of East London Research Ethics Committee
Dr Alan White, Director of the Graduate School, University of East London Mr David G Wood house, Associate Head of Governance and Legal Services

APPENDIX 2

Table 1: Representation of the links between the group and co-therapists' interactions.

Table *Preliminary workings for Table 2 (p 83)* Emergent themes and categories.

Table 3: Findings: Individual group members and aspects of maturational change.

Table 4: Themes of group sessions in months 0-7 and 8-15.

Table 1: Representation of the links between the group and co-therapists' interactions

Session no	Group: ambient mood/presentation	Co-therapists: observation, comments, interpretations	Response to intervention
1	<i>Pre:</i> check names; 2 letters not sent; patients contacted by phone. First session; anxiety ++; 2 empty chairs; lost member; treading carefully; findings points of similarity –eg, medication; somatic symptoms. Serena doesn't think she's as ill as the others Frank shares his lack of a normal life.	Comment: naming the anxiety Comment: inviting the negative transference (unimpressive clinic: lost pt, letters not sent) to get things going. Comment: tendency to disallow difference. Comment: the group have to listen to our comments.	<i>Post:</i> "Good first group!"
2	<i>Pre:</i> discuss last week. TC to Averil done. U/c seating along gender lines; Peter taking umbrage that he was told off for talking too much; Serena is ok; Averil talks of prev group; Nicola manages anxiety by throwing herself into things: this doesn't work for Serena; talk about alcohol; difficulties with travel; Averil incoherent;	Comment: gender divide in seating is named – with rider that this is observation not criticism + there are things we do we're not aware of. Comment: remark on anxiety and throwing yourself into things. Comment: group is told they haven't heard last remark. Co-therapist: chokes/coughing fit. Comment: travelling together; discovery. Comment: Be curious .	Peter and Serena: explain their choices; Nicola: talk of gender discourse. Comment ignored. Averil: leaves room for toilet + returns. Frank: he wants to make contact with people; find peer group.
3	CORE outcome monitoring on table (sealed; first names only); empty chairs; Serena: teaching ok. Peter: Serena doing what <i>he</i> would have had he ever made it to uni; social things not ok. Nicola: things opposite; struggles socially. Peter: ok week but after session wanted to cut; saved by stand up on TV. Peter: group therapy prelude to individual for him. Averil: took ages to get to be seen at		

	<p>clinic. Peter: who to tell re group? His friends told him he must be mad. Others: friends want to know why you're not telling them. Nicola: old bf would've said this. Serena: old bf was in therapy 1h every day [analysis], which she resented and couldn't understand; now she was beg to. Nicola: told mother. Peter: cannot tell parents.</p> <p>Nicola: concerned about sexual identity, and help with bf; had slept with her boss a lot; even knew his gf well from before. Wondered about something abusive because she felt used but still went back.</p> <p>Peter trying to make things the same; Serena telling him this. Nicola came back for her bag.</p>	<p>Comment: what about telling others here? Could they share with each other feelings of guilt, shame and humiliation?</p> <p>Comment: cd co-therapists be relied upon to keep things safe?</p> <p>Comment:Frank v quiet, Averil too.</p> <p>Comment: Frank holding something important for group.</p>	<p>Serena: afraid of upsetting group.</p> <p>Nicola: discloses story of abuse.</p> <p>Frank: felt awful after sessions; couldn't relate.</p>
4	<p><i>Pre:</i> discuss last week and leaving it late to take up Frank's silence. Impact of Nicola's disclosure: inhibiting but also creates pressure to emulate.</p> <p>Message on table: cancellation from Frank. Discussions re Nicola's courage last session; wish they had the same courage; Nicola arrives late wearing v short skirt and no tights. Showered with gratitude for last session. Peter: his sexual exploitation in nursery; Serena: her brutal sexual encounters; dis-ease with any talk re sex Nicola: wanting to be accepted and liked; Peter ditto; Peter wanting to get back to education except for fees.</p>	<p>Comment: wonders about a wish to emulate disclosures.</p> <p>Comment: nothing about love, intimacy or anything shared in talk re sex.</p> <p>Comment: is it just about forced disclosing or can it be about relationships?</p> <p>Comment reactions to co-therapist comments</p> <p>Comment: sex as abusive rather than shared and pleasurable.</p>	<p>Denied.</p> <p>Serena: cross with co-therapists Serena: yes!</p> <p><i>Post:</i> Solidness of Peter's depression "Good group, worked hard".</p>
5	<p>Peter: arrives first. Are we expecting everyone? Nicola (in jeans) asking after weekends. Averil: arrives late. Peter: not slept for last 2-3 nights; Nicola: sympathetic to P. Serena: gone to see father; wants to have better relationship with him; her mother cruel; group stirring up things for her; memories of her mother; unhappy as a child but loved school. Nicola: mother apologised after abuse. Peter: his parents the best.</p>	<p>Comment: we are not all the same; experiences are different.</p> <p>Comment: why group letting Serena</p>	

	<p>Serena to Frank: Frank says he know nothing about relationships; does nothing with others; reads lots of sci fi</p> <p>Peter asks Frank if he's read x; Frank: "never heard of him".</p>	<p>and Nicola run away with things? Comment: What about connecting here? Comment: It's not that Peter hasn't spoken but that Serena and Nicola haven't been challenged. Comment: the sex group and non-sex group; and it's easier to jump into bed with someone than to get to know them; how for Serena this had been traumatising; group struggling to connect with one another – it was a struggle and why shouldn't it be?</p> <p>Wondering where all the emotion has gone? Serena wanting help for her mother?</p> <p>Drilling outside.</p> <p>Comment: Hard to hear what's being said; might be drilling might be something tentative in the group Comment: Could risks be taken here? Tho still seemed that co-therapist remarks taken as criticism; Intercourse here in the group; unconscious responses.</p>	<p>Peter speaks.</p> <p>Averil: last group had helped her reconnect with parents. Yes.</p> <p>Serena: didn't like what co-therapists had said re sex and feelings.</p> <p>Post: We spoke too much.</p>
6	<p>Peter anxious: expecting everyone? Serena: enquires after Peter; Peter offers little. Serena turns to Frank. Frank: he's had some tough days and couldn't go out; Peter: knows what this is like; talks</p>	<p>Comment: no cancellations received; not coming had an impact. Comment: What cd be expected of</p>	

	<p>of sandstorm. Frank ignores P. Frank: talks of walking without glasses so as not to see and not to see being seen; wears baseball cap low when running but this elicits comments; not eating properly; missed voluntary work at bkshop. Peter: struggles to eat too sometimes. Serena: cannot eat out; diff being on her own; anxious and palpitations; never used to be like this; loved school; uni hard as much more alone; impossible to get to library at times; apologies to group for having looked down on some.</p> <p>Serena told no one about the group</p> <p>Averil: has to work extra hard at home because father interrupts</p> <p>Serena: her mother can't manage; limit to her parenting.</p>	<p>the group, and of co-therapists?</p> <p>Comment: the group's hope for us to command and guide it and relieve it of its responsibilities to itself</p> <p>Comment: Difficulty managing transitions in/out of the group.</p>	<p>Peter: the group is highlight of week.</p>
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Session no	Group: ambient mood/presentation	Co-therapists: observation, comments, interpretations	Response to intervention
7	<p>Peter announces first session with no Valium; discussion re meds. Frank and Averil arrives late. Serena: feeling worse since coming, yet also seeing things she hadn't done before (eg, re boyfriend) but also asking why everything has to go back to childhood. Tick-boxes re mental functioning; Serena: her fear of getting better. Frank: able to go out this week, and returned to voluntary job; saw girl he liked; starting back at uni; meeting his dad, has been encouraged, told important for development. Serena: cross about this. Frank: mother always had new partner greeting Frank after school. Peter picks up on Frank's likely feelings. Frank denies any anger. Peter: his parents got on via compromise. Serena: her mother mixing up S's father with her uncle, and also Serena with her sister; Serena wants to confront her mother; had never really seen her as ill before now. Averil: father had been violent; wished her parents had separated. Frank: mother chaotic and unintelligent; he had had to do budgeting etc; worried how she'll manage if he went to college. Nicola: 'box' of sexual abuse; worrying about ever having good relationship; about moods also, and suicidal thoughts - better when you have less energy, less likely to kill yourself. Frank: ending friends on Facebook.</p>	<p>Comment: Box of group psychotherapy.</p> <p>Frank's (chilling) contempt evident.</p>	<p><i>Post:</i> Shock how we neither of us picked upon Nicola's disengaged talk re suicidal ideation, and how she hadn't wanted the group to pick up on this; Serena would carry this all week problem. Moved by Frank talking more. What sort of parents are we to the group? Things getting worse: the more you engage with world, more anxiety-provoking it becomes.</p>
8	<p><i>Pre:</i> Long catch up re last week. Serena: late; asks re messages; repeat dates. Group sits back and waits; empty chairs stare back. Serena: quiet. Peter: feeling useless and despondent, here, now; asked Serena if she was still scared of getting better; discussion re different depressions. Very stilted. Averil: Nicola and suicide talk; hadn't taken it seriously; wishes she had. Serena endorses this; anxious all week; wonders if she upset Nicola; appeals to co-therapists: is she ok? Serena would tell Nicola later how cross she was. Serena: turbulence with bf who tells her to smoke cannabis to calm down. Is it ok to bring dreams here?</p>	<p>Announcement: dates of Summer break.</p> <p>Empty chairs cause of anxiety.</p> <p>Peter seems desperate for something from the group; Comment: Something very difficult for the group today: empty chairs, disappointments Comment: Perhaps Serena thinks we're withholding info? How angry the group must feel left wondering</p>	<p>Averil: she won't remember</p> <p>Anxiety denied.</p> <p>Further denials.</p>

		and not knowing; impact on the group of absence and no messages. Yet still denial of anger, why not bring anger into room? It is psychoanalytic psychotherapy!	Group laughs. Serena speaks of dream.
9	<p><i>Pre-</i> discuss phone call to Nicola.</p> <p>Message on table: apologies from Averil . Peter: sits in different place; Serena comments; Peter: this is new challenge. Nicola (flat): apologies for missed session, worry re work. Serena: impact of worry on her, then apologies for over-reaction.</p> <p>Talk of work. Peter: sms-ing girl, then bailing. Things neat and tidy. Serena bubbly; Peter: keeping her company; Nicola chipping in. Serena: dream re car crash. Frank arrives. Serena: asks Frank why he didn't attend last week; Frank says he was unable to leave; sometimes can't get out door.</p> <p>Nicola: all ok for her until she started school; Serena: opposite for her.</p>	<p>Peter sits next to female co-therapist(who picks up smell of Persil /fabric softener). Wondering about Frank. Comment: Impact of not coming on the group: was worry about suicide-talk over-reaction?</p> <p>Concentrating hard: where's the group gone? Image of boxes. Frank's slow detachment + grin chilling. Comment: Hard for everyone to attend. Comment: Reluctance to talk about anything serious today What was it about leaving home? The group's fear about taking risks with one another, all neat and polite here.</p> <p>Comment: Look, this is about looking after yourselves, your mental health; you need to come, especially if feeling suicidal...</p> <p>Comment: Dream about the group: what happened when you kept doing something without stopping to think about it, you crashed.</p>	<p>Serena tells Nicola of impact of her absence.</p> <p>Peter: less hard for him since he was nothing to do all day.</p> <p>Serena: ok with her: she's feeling good, has had physio.</p> <p>Serena doesn't want to talk about upsetting things; things changing for her; dream re car crash. Impatient with children; feeling guilty about how the group sees her mother.</p> <p>Nicola: things shifting for her too. Frank: difficulties re money and</p>

		Comment: group's difficulty in allowing more infantile feelings here.	mother; realising he did have some good memories; doesn't feel like real person. Nicola: feels same.
10	<p>Nicola, Peter and Averil arrive together. Nicola asks after Peter: hadn't been able to get out of bed yesterday; had planned to see friend, who had loads of friends which Peter finds intimidating; Nicola: understands this. Frank: arrives but silent. Serena: arrives, and apologises. Peter: is he doing this group psychotherapy properly? Serena: loads of things during week to bring here but when it comes to it, can't; problem is being on her own.</p> <p>Peter: he erects brick walls around things that are difficult to resolve; talk of self-harming.</p> <p>Group encourage Serena to share. Serena: it's mad stuff. Averil : often has mad thoughts. Serena: shares contamination fears re hepatitis; Averil: similar worries. Serena to Frank: he's v quiet. Frank: he knows. Serena: he only speaks when spoken to; Frank: he knows. Frank: talks about visit to grandparents' house and family feuding. Serena: her father's illness and collapse; her mother never took any of S's worries seriously. Serena: she wants help with her stuff; what did others make of the group? Peter: he's not thinking about it until it's done; Frank ditto. Nicola: things shifting, had already changed a lot. Serena: she knew she was getting a lot from it; that she was much more aware.</p>	<p>An awkwardness.</p> <p>Comment: Awkward chit-chat. because waiting Serena to get things going?</p> <p>Frank looks v thin; Peter asking for tips, feedback.</p> <p>Comment: the pairing of Serena and Averil</p> <p>Comment: the group wanting more from co-therapists.</p> <p>There is a softening in Frank. Atmosphere very heavy.</p> <p>Comment: the group felt judged by co-therapists.</p> <p>Comment: summer break and being left</p> <p>Comment: relationship between co-therapists: what was it and did we talk about them?</p>	<p>Yes, say Peter and Averil.</p> <p>Yes.</p> <p><i>Post: "Good group!" need to take up reactions to summer break – and the return in Sept; group's hunger now for help and relationship.</i></p>
11	<p><i>Not written up; some notes only</i></p> <p>Gendered seating. Peter: making contact w someone he likes. Serena: challenges Peter's lack of self-confidence. Nicola: sleeping with man and then sees him with someone who looks like her. Averil: nude males in art class; Peter: he's a virgin. Frank: girl he fancied aged 15; only just starting to look at girls again.</p>		
12	Frank: sleeps with phone on bec of domestic violence downstairs and his worry about the kids; has already called police before.	Members sitting in different places; everyone seems fed up.	

	<p>Serena: quizzes him on this. Serena quizzes Peter. Peter: he's not replying until has found figures in 2 paintings behind co-therapist N.</p> <p>Others agree with Serena about not wanting to come. Nicola: cross with what co-therapist said about her alternative therapist role; thinking about it all week. Peter: if it hadn't been her it'd have been him.</p> <p>Averil (not v coherent): boyfriend likes it when she's not managing; Serena: she is noticing bizarre people; Nicola talks; Serena cries. Franks looks on. Serena: having to be nice.</p> <p>Nicola re-tells story of her abuse.</p>	<p>Comment: Wondering where everyone is; wondering about Frank's anxiety and had been heard?</p> <p>Comment: what was not wanting be learned here today? What was going on 'downstairs'?</p> <p>Comment: was male co-therapist the rowing neighbour? Were we waiting for them to make fools of themselves? Were we setting them up?</p> <p>Comment: fear of contamination?</p> <p>Comment: effort in holding back negative feelings.</p> <p>Comment: we have come full circle: back to Peter's remark about wanting to see the figures in the pictures...the figures in the ground.</p> <p>Comment: wish for co-therapists to offer protection.</p> <p>Comment: importance of boundaries and run out of time.</p>	<p>Serena feeling unwell; didn't want to come.</p> <p>Serena feeling cross with co-therapists: cross with N, afraid of offending m.</p> <p>Averil: travel to India and hygiene.</p> <p>Serena: Cross re tissues on table: provocative.</p> <p>Nicola: nothing anyone says could hurt her</p> <p>Frank: when in the group he took his glasses off that way he couldn't see anyone or their (hostile)responses to him; similarly, doesn't wear them in street either.</p> <p>Frank slips his glasses on.</p> <p>Averil, apologising: hadn't been there when Nicola spoke of her abuse.</p>
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Session no	Group: ambient mood/presentation	Co-therapists: observation, comments, interpretations	Response to intervention
13	<i>Not written up and no notes</i>		
14	<p>V hot. Last session this term. Peter and Serena arrive; ask each other how the other has been. Serena ill all week following meeting bf's mother, who she experienced as intrusive; bf's mother has expectations of Serena. Peter: this is normal; his family and their beliefs. Frank arrives: good week but tricky when so hot as has to wear 'exposing' clothing; otherwise if in jeans, that is eye-catching too. Peter: he can relate to this, having to cover his arms. Serena asks about the scarring.</p> <p>More discussion re outside, eg Frank's prayer meetings lasting 1½ h Expectations and enquiries about what he'd be doing at uni etc.</p> <p>Peter: thought co-therapists had to be more analytical in their responses.</p>	<p>Something feels v awkward. Hard to hear what members say; eventually need to close window.</p> <p>Comment: can they show each other their scars in here? Or does everything have to be covered up? Was it possible to take your shirt off here? Comment: what about identity etc of the group, which meets here for 1½h?</p> <p>Comment: wasn't not relevant: Serena was the patient in the group, but was it possible for group to be sympathetic to one another? Comment: this is the co-therapists role. Comment: whether there was a hope, and therefore also a disappointment that co-therapists could be more sympathetic?</p>	<p>Frank takes his glasses off.</p> <p>Serena: it was prob not relevant but she needs people to be sympathetic when she's unwell; her mother would say to her that she had same symptom, or that she could get a prescription for her.</p> <p>Serena: there had been times when there hadn't been much response.</p> <p>Serena: Yes; her Assessment session therapist had shown real sympathy and this had been helpful.</p>

	<p>Each then speaks of their Summer plans: for Peter, its casual sex... Serena asks him about using people. Peter says that he would have to make it very clear that it was casual sex; he said he did this: made himself lists of tasks, and casual sex was on the list. Serena: she had an academic submission, which she was behind on; Frank: reading and playing computer games, and this being unlikely to change until he moved out.</p>	<p>Comment: Could the group also be curious? eg, about members not here, and about each other and what they'd be doing over the summer break?</p> <p>Co-therapists did not know this</p> <p>Comment: Whether the group had any anxieties about coming back? Comment: this links to the idea of casual sex: what would you all be doing over the summer... were you still committed to the group?</p>	<p>Serena: Nicola would be in Shetland; Averil not here bec it's the last group before the break; and she herself had been unsure about coming: what was the point? It was the break...</p> <p>Peter: he hoped everyone would turn up.</p>
15	<p>1st session after Summer. Averil arrives first, then Serena and Peter; Frank later; no Nicola. Each asked other what they had done: Serena had worked flat out, was running late on her hand-in date; Averil had done lots of sketching and painting; Peter had made a fence. Serena took an interest in this since had been stuck to computer. Peter said it was awful; he was helping out mother/friends but hadn't enjoyed this one bit; meanwhile had lots of bills to pay and so was moving back home for a bit – which was nice, until brothers returned from uni.</p> <p>Serena: dreams: vivid, disturbing and scary... Frank arrives: he had started reading his uni books but so boring, people contradicting each other, had fallen asleep. Discussion: what Frank could study instead. Frank said he didn't know, that he had chosen</p>	<p>Atmosphere of static, which then became bubbly.</p> <p>Peter unforthcoming rest of session; 'task' unlikely to have been achieved.</p> <p>Comment: about members having signed up for the group.</p>	

	<p>anthropology bec he had once upon a time it had interested him, and that he had applied on impulse not expecting much. Peter and Serena were encouraging. Averil: spoke of her dreams: poo being thrown around, she giggled. Frank watched her.</p>	<p>Comment: group to extend to after Xmas to Summer.</p> <p>Hard to get a handle on the group, and where everyone was; also no Nicola.</p> <p>Comment: the mood in the group – excitement, manic excitement – was defensive, and made us wonder where the anxiety was, esp also as no Nicola.</p> <p>Comment: re phone calls to department (from members about start of group).</p> <p>Comment: Averil's dream disturbing; That there was something about the 'shitty-ness' the group was evading.</p> <p>Comment: group had been "buzzing" on arrival.</p> <p>Comment: a remark about a transient state of mind was being confused with a psychiatric diagnosis.</p> <p>Group because more subdued so where had more riotous feelings gone?</p> <p>Comment: Was everything being externalised? OK to talk about rioting 'out there' but what about in here?</p> <p>Comment: group back from summer break, what were the feelings,</p>	<p>Serena: she had signed up to get better and that she realised this hadn't happened yet – and would it ever?</p> <p>Serena: had noted that Nicola hadn't come to last session either.</p> <p>Serena: takes issue with term "manic".</p> <p>Serena: spoke about her dreams; she had nothing else to talk about since she hadn't done anything except row with bf.</p>
	<p>Frank asked everyone about the riots: what had people thought? Serena: initially shocked and outraged; Frank: he had found it exciting; Serena: had had row with bf: had got very upset and started to break things.</p>		

	Averil: wants group to help her with men, and appealed to Frank and Peter.	disappointments even about this? <i>Post</i> Averil's fears that she is quite mad and that she can't therefore share things; but other members collude this with idea. Also a fear of being contaminated by her in some way.	Everyone quiet. Serena abroad soon, and having to move back home for a month.
16	<i>Not written up – some notes only</i> No Nicola; no Serena (abroad). Averil struggles to articulate.		
17	<i>Not written up– some notes only</i> No Serena – away still? Nicola in eye-catching dress and lipstick but cross: men notice her and she gets furious as she feels objectified. Frank: he won't objectify her.		<i>Post</i> : they're not back from the break yet.
18	<i>Not written up– some notes only</i> All attend – except Serena: message that she's recovering from surgery Averil: abusive bf pours urine over her.		

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19	<p><i>Pre-</i> Co-therapist N to become a father. No one arrives initially; then Frank: has been to uni, for induction, it was awful: being stared at, everyone sitting and chatting – he'll never be able to do that; but he's probably also being noticed and laughed at. Peter, full of goodwill, says it was like that for him when he was doing A-levels.</p> <p>Serena: wondering why no one has said anything to her until now. Nicola asks questions, Serena answers: she had a gynae emergency and had to have surgery; had initially gone to GP owing to lots of abdominal pain. She was scanned and told she had risk of serious haemorrhage and that they had to operate. She spent the night on a ward where the woman in next bed cried all night because she had lost her baby. Serena closely monitored for signs of shock. She still took codeine for pain. Nicola: shocked by what Serena had recounted. Talk of things gynae and pregnancy and motherhood.</p> <p>Averil, apologising initially in case everyone thought it was gross, spoke of her fears that she had been pregnant and that she had resorted to pummelling her abdomen until her period came. She did not want to get pregnant, have something growing inside her.</p>	<p>Something feels palpable. First time everyone back together since the summer. Serena very quiet, and no one seems to be talking to her Something in the group feels like the start of a new term. Comment: on the anxiety in the room, and that everyone is present.</p> <p>Silence and shock in the group.</p> <p>Comment: the group shocked into silence but what about other feelings? Afterall painkillers had been mentioned.</p> <p>Something jarring. Comment: the group's possible flight away from loss. Comment: stitching the losses actual, potential together. Something feels very unsettling.</p> <p><i>Post:</i> Averil and Serena as a pair but at opposite ends of continuum.</p>	<p>Nicola turns to Serena and asks how she is but also that she doesn't want to pry.</p> <p>Serena: What loss?</p> <p>Talk of pregnancy continues.</p>
20	<p><i>Pre-</i> 2 new referrals. Serena and Nicola arrive, then Frank and Peter. No Averil, no messages. Serena and Nicola speak together,</p>		

	<p>mostly about uni; Nicola: she noticed she knew a lot of people as she walked about campus.</p> <p>Peter: seemed sullen but brightens when Serena asked after him. Frank arrives, and Serena asks after college; says one day was good, there seemed less gender difference, and every day mostly back-to-back, so no 'dead' time. Has to go in tomorrow too. Serena turns to Peter, he seems not to be saying much: Peter said he felt awful after last week and had suffered terrible abdominal pain, and that he had felt so tense and angry that it hurt even more. Some to-ing and fro-ing about Peter and his pelvic pain. Peter spoke about his depression: he hadn't felt as bad as this for a long time; when it got like this he could get panic attacks and then have to take pills. Discussion now re panic attacks: Serena had ended up in A+E once screaming to triage nurse that she felt she was going to die. Peter: when his attacks bad, he passes out. Suggestions of what Peter could do to get himself back on track regarding education. Serena makes a comment. Peter stalls a bit and then answers: he fears never having a family or a job or anything meaningful; he spoke too about the girl he had tried to get to know and that hadn't worked out; that he'd seen her again this evening on his way to group. Nicola asks more questions and there is a discussion re depression and serotonin and Wikipedia definitions.</p> <p>Serena describes a mother who could understand narcotic addiction but not her own children. Mother hurtful in little comments eg, when helping move her stuff. Serena told her mother this: mother replies she didn't think about what she said. Serena adds her mother was brilliant re her recent surgery. Serena also spoke of her anxiety (eg in seminars) which immobilised her. Also anxious in group but can show it. Frank remarking on the smaller groups here vs larger groups at uni.</p>	<p>Is Peter feeling quite depressed and excluded by all the talk re uni?</p> <p>Comment: impact of last week's session on the group, and no Averil.</p> <p>Comment: was Peter saying something the group could relate to about despair and being understood, and the future – as represented by talk re uni?</p> <p>Feels like Peter so angry could get up and leave; did he need co-therapists to intervene and rescue him?</p> <p>Comment: whether this is a Wikipedia experience here and whether something more authentic was possible?</p> <p>Comment: gender divide in room; this was largely unconscious but that even empty chair for Averil among the women. Also the pairings: Peter</p>	<p>Peter: hadn't thought about last week, though had found the session difficult.</p> <p>Peter: education was another place where things had gone wrong.</p> <p>Serena talks of her mother.</p>
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		and Frank and Serena and Nicola – made possible by absence of Averil. Comment: on projection of pelvic pain, so some cross-gender pairing also.	
21	<p><i>Pre-</i> TC: N has emergency, will not make session; mm to do session solo.</p> <p>Nicola arr w Peter; Peter clocks no N. Nicola has lots of bags; talks about filling in her time with lots of things, and yet also not working properly. Nicola talking. Averil arrives: apologies for ‘shits’ and missing last week; talks of male models (not nude) and giggles; they got a bottle of something each. Peter says this is bribery. He is better this week, his tensions have gone and generally he feels good. Nicola: going to party, drinking too much and picking up someone.</p> <p>Frank arrives and sits where N usually does. Has had good week, managed a seminar, enjoyed it and also groups afterwards. Missed prayer meeting, had row with Security over his ID, overheard two girls talking and comment about one of their boyfriends; he laughed but also wondered whether he was viewed like this. Nicola: reassured Frank.</p> <p>Nicola: the LGBT club; she is bisexual.</p> <p>After 40 mins, Serena arrives; had check-up; cheery and forms 3-some with Averil and Nicola.</p> <p>Peter rallies, talking from his ‘experience’. Serena asks after him. There is talk of antidepressants. Frank tells Peter he doesn’t need Valium to get to the group any more. Averil: takes Valium to get to sleep. Discussion re dangers of Valium ensues. More talk then of painkillers and addiction</p> <p>Serena: has tutor who is gay; return to discussions re sexuality with Nicola. Serena and Averil get silly. Frank withdraws, though also gets the giggles: the talk of sex is too much. Peter comments to support Frank on this.</p>	<p>Apologies given for no Nick today; delayed unavoidably.</p> <p>Lots of talk to manage anxiety of no N, and also of empty chairs.</p> <p>Comment: group doesn’t react to this, even though Nicola is putting herself at risk.</p> <p>Comment: group has spoken for 30mins non-stop as if bent on filling in all spaces even one created by N by his absence.</p> <p>Nicola and Averil paired talking re sex; Peter and Frank left out. Young men even more excluded.</p> <p>Comment: the wish in the group for painkillers but also filling in every space as a painkiller, as was talk of drinking.</p> <p>Comment: things getting silly without N here.</p> <p>Comments: linking sexuality as escape from thinking about other things here: eg, Serena’s anxiety,</p>	<p>Nicola: is there a travel problem she doesn’t know about?</p> <p>Averil: No, it was better like this, less tension (plays with coke bottle).</p> <p>Nicola: stops her thinking – and feeling; they’re the same thing.</p> <p>Averil and Serena: it is better. Serena: she had wanted to talk about sex today.</p>

		<p>Peter's tensions, how it could feel like the body could betray us; vulnerability and need.</p> <p>Comment: Perhaps hard to feel that we too were also concerned.</p>	<p>Serena: she wished she got more from co-therapists about this.</p>
22	<p><i>Not written up – only some notes</i></p> <p>Peter grumpy; Frank says little; Serena tutor and seduction and going 'outside' the group.</p>	<p>Group in manic flight last week.</p>	
23	<p>All arrive together – except Frank, who's late. Peter: seems irritable; fragmented exchange re last week and also something Frank said week before about wanting to share but not being bothered, and concern with Averil and her meds. Averil: not taking these anymore. Nicola: has been in bed for a week, not getting up because doesn't have to. Talk of eating/not eating; sleeping/no sleeping.</p> <p>Peter: better than last week; back at his flat but still went to parents for meals and to see the dog. Comment from Averil: going home to get fed.</p> <p>Frank: not wanting to cause offence but something he had noticed over several groups: the talk re relationships etc relating to others, that he didn't really do this. Nicola challenged him on this, with passion and conviction.</p>	<p>Comment: something anxious in the group today.</p> <p>Comment: less that something anxious per se, more that members bringing symptoms of anxiety</p> <p>Comment: Feeling of everyone coming to the group today to check all was ok; to get fed; as if some parenting happened here.</p> <p>Comment: whether Peter's remark re Frank also went for group as a whole?</p> <p>No comments on Frank's lateness.</p> <p>Comment: This isn't just about Frank; it was relevant for the whole group: relating and relating to one another</p>	<p>Serena: has been alone all day and now with people is feeling anxious.</p> <p>Frank arrives.</p>

	<p>Serena: she tended to be nasty to her family and closest friends,</p> <p>Frank: he is aware that he is slow to respond, but he is not Joe Ordinary, but also that he hadn't thought about how he was felt. Averil: she wished she were more like Frank instead of blurting out. Serena: she finds it annoying when Averil doesn't finish her sentences and breaks off in middle of something interesting and relevant. Discussion then re clothes and what people wear. Nicola: what she wears is dictated by her state of mind. Serena: never has any money for clothes. Comments on Nicola dressing well. Nicola: says it is not for effect – which brings challenges from group, esp Peter. Frank: he feels dreadful compared to fashionably dressed students.</p>	<p>here, not just outside (eg, Serena's tutor); there was a tendency for everyone to be nice and sort of touch base but that it didn't move much beyond that, to a more honest way of relating to one another.</p> <p>What did this make her feel?</p> <p>Comment: Of course she had dressed for group.</p> <p>Post: Nicola most insightful and pushes limits of group.</p>	<p>Group seizes up a bit as they try to unpack this: what sorts of comments could they make?</p> <p>Nicola: says to Frank that he presents as Joe Ordinary but that one thing she has found difficult about him was that when she spoke to him he seemed to look away or else take ages acknowledging what she had said... She said she felt rejected.</p>
24	<p><i>Not written up – some notes only</i></p> <p>No Averil (ill). Frank: arrives on time. Peter: complains of jealousy re others at uni; encouraged to explore this. Serena: sets Peter task to look at courses this week. Frank: angry re last week; feels singled out; doesn't express his anger openly but can find himself muttering extremely violent things to himself. Serena: wants more from group; more emotional contact; feels she puts it out there but gets little back.</p>	<p>Comment re the group relating and blocking.</p>	

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25	<p><i>Not written up - some notes only</i></p> <p>All attend but Frank late; Serena hung over. Lots of talk re alcohol (Averil offers this to her models but then this can lead to sex; Serena to help with an academic soiree); women talking re casual sex. Frank angry with co-therapists; didn't want to talk about relationships (re anger getting in way of relationships?)</p>	<p>No one seems to be talking to their experience: easier to do this than connect Comment: the illusion that their experiences are all the same. Comment: can group tolerate Frank's anger; can Frank believe that the group could help him?</p> <p><i>Post-</i> Co-therapists meet with new member Jason as preliminary meeting.</p>	
26	<p><i>Pre-</i> discussion re Frank's aggression and psychic retreat placing himself on periphery of the group. All attend, tho Averil late. Announcements: dates for Xmas break; new patient starting next week. Serena and Nicola talk between themselves. Frank silent; later, has been working in different library all week. Peter seems down. Serena comments on last session, not enjoyed, and Frank's reticence re talking about relationships. Peter takes Frank up on this. General discussion re topics and sex and relationships the hardest. Peter disagrees. Serena asks after him; he admits to be being fed up, not sleeping and future looking very bleak, wondering if he'd make it to tomorrow let alone next week. Group try to engage him but he holds back. Serena: her anxieties and catastrophizing. Averil arrives; conversation now re new patient; tells Peter he's repressed.</p> <p>Averil refers to herself as stupid; challenged by Nicola.</p>	<p>Comment: group's lack of comment, thoughts re this new patient. Comment: how Frank is placed at the periphery of the group.</p> <p>Comment: Aggression, as something the group needed to engage with – as its niceness and decent-ness were attempts at avoiding aggression but also therefore fuller engagement.</p>	

	Serena: Sectioning of parent. Averil: remark about something "higher".	<p>since aggression was needed for thinking.</p> <p>Comment: anxieties and retribution: thoughts on why new patient?</p> <p>Comment to Averil: this is adolescent psychodynamic psychotherapy at the Tavistock Clinic, where are you?</p> <p>Comment: whether it gets brought here or left outside – eg Peter not sleeping, Frank using another library not college.</p>	<p>Post : Frank's transference to group "Good group!"</p>
27	<p><i>Not written up; some notes only</i></p> <p>New patient, Jason, starts. No Averil. Jason and group compare notes.</p>	<p>Jason strong and dominant; group passive.</p>	<p>Post: group is working; Frank's total transference neurosis to group.</p>
28	<i>Group is cancelled owing to strike</i>		
29	<p><i>Not written up - some notes only</i></p> <p>All attend; Jason late. Everyone glad everyone here – after cancellation last week. Discussion re caring for others; using the group and using what's outside the group. Back to this group; Xmas break. Anger with co-therapists.</p> <p>Death and ways of envisaging it: Averil: drugs; Peter: cutting; Frank: bridge; Serena: bleeding to death. Serena: worrying about everyone.</p>	<p>Comment: differences between phantasy and reality and how it gets blurred.</p> <p>Comment: Fear of being more robust and challenging each other – will someone then act out?</p>	

30	<p><i>Not written up - some notes only</i></p> <p>Last session before Xmas. Only Peter, Serena, Nicola. No Averil, Frank or Jason.</p> <p>Nicola: tangles of sexual desire for man and woman. Peter inviting girl back and then telling her to fuck off. Serena: disaffected with the group.</p> <p>Nicola: what Frank elicits in her.</p>	<p>Comment: Serena holding the Anti-Group.</p>	<p><i>Post:</i> Concern re non-attendees; will write letters.</p>
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Session no	Group: ambient mood/presentation	Co-therapists: observation, comments, interpretations	Response to intervention
31	<p><i>Pre:</i> dates when co-therapist N will be away, so solo sessions. First session after Xmas.</p> <p>Peter opens by asking Jason why he didn't attend last session (4 wks ago). Jason explains his muddle, but then receiving letter and feeling bad – later wondering what the group had thought of him. Everyone asking about Xmas. Nicola, looked tired, got lots of work done. Peter: good time. Nicola: wanting to keep things to herself today.</p> <p>Nicola to Peter: how to say I don't want to be with you – worry of what would be returned. Serena: her annoyance with members not present – and Averil enters. Averil: apologies; has been ill. Talks about her age, it stops her talking. Nicola to Averil: her habit of starting to talk but then laughing which negated what she was saying; it was unnecessary. Averil: she is aware of this and recently ended up with her not getting paid. Averil bec incr less coherent; bf still abusive, group point this out; Averil counters with his good points, and continues recounting strange thoughts. Jason: slumped in chair. Nicola: it's good to talk.</p>	<p>Comment: group broaching and breaching [sailing images?] – that group tended to do former not latter, and latter equated with penetration.</p> <p>Comment: ambivalence about return from break, and co-therapists calling the shots (eg dates; strike).</p> <p>Comment: Averil has been in previous group. Wondering about Peter and confrontation.</p> <p>Comment: is it (good to talk)? What is being spoken about here? Does it make sense?</p>	<p>Peter: cross with girl who had suggested they meet up and then claimed she was too busy; got so fed up went to bed.</p> <p>Serena: to Averil, that she's unable to work out for herself that bf is not good for her.</p>
33	<p>No Frank.</p> <p>Averil, Serena and Peter tumble in together.</p>	No co-therapist N.	

	<p>Serena: talks of last week. Averil explains herself. Peter asks about N. Nicola arrives, another recap on last week. Jason: talks re last week, and how he found talking about relationships difficult and how Frank had shared this. Nicola: talking about Frank and how he doesn't listen to people.</p> <p>Serena: had had difficult journey today; different route. Averil: this is often her experience and didn't know whether to abandon trip or come even if late. Group said they wouldn't mind if she was late. Peter: what happened to him last week? Peter: he had fallen asleep; no more offered.</p> <p>Averil: her talking too much a few sessions back. Jason: annoyed with himself for not challenging her. Serena: Averil talking more about herself. Serena: her anxiety at uni, even paranoia. Her experience last week: things being good, becoming aware of this and the spoiling this.</p> <p>Averil: her mother comments on her weight, and that she should stop her medication. Nicola: horrified; her own mother the worse of her parents bec vain. Peter: quiet but drawn in by Serena asking him what he most fears about ageing. Peter: spoke of hair loss, making Jason laugh. Jason: what does Peter do all day at home? What options did he have?</p>	<p>Comment: drawing attention to no N today and how that might be being ignored.</p> <p>Aware of splitting of co-therapists but unsure about how to take it up. Instead, Comment: some disappointment that N wasn't here today.</p> <p>Interruption: someone says they have booked the room.</p> <p>Moments when group seemed to be travelling: camaraderie, smiles; laughter.</p> <p>Comment: what was going on here in group today as opposed to outside?</p> <p>Comment: not allowing oneself good things but instead having to control and then sabotage.</p> <p>Group getting on famously. Over- ran by 2 mins!</p>	<p>Comparisons between the co-therapists but also Jason: how friendly we had seemed at initial meeting.</p> <p>Some humour.</p> <p>Nicola: this is what she had done on her new date.</p>
34	<p><i>Not written up - some notes only</i></p> <p>No Averil.</p>	<p>Announcement: co-therapist N gives group dates of when away.</p>	

	Serena and Jason bumped into each other at Uni – turns out are in same department although postgrad and undergrad. Jason: huge feelings of transgression.	Comment: group's feelings of aggression towards his being away.	
35	<p><i>Not written up - some notes only.</i></p> <p>No Nicola; no Frank. Peter: a good week; feeling 'floppy'. Serena: less good week, not relaxed. Jason: tells Peter about dream. Serena: her prize-winning through school and uni. Serena: has had week away from bf; bf had row with his mother re Serena saying she was nervy; Serena doesn't want to think of herself as anxious type, though knows she is. Jason: his projectile vomiting at school, failing exams; his ill and driven father. Jason: talks to Peter.</p>	Comment: skipping sessions when things being too much to bear/too difficult.	<p><i>Post:</i> Serena talking about envy she may elicit; Serena and Averil: their worries as the mad babies; 3 dreams: Pete's: Jason on the iceberg; Serena's: large group and mm and large group disappearing until only Serena left; and N is outside. Serena's nightmare: swimming pool, bodies and supermarket club card. Group is working. Averil's incoherence: worse when she's been away from group/missed a session.</p>
36	<p>Serena: No, group capacity = 8. Peter: unconcerned; Jason: also.</p> <p>Serena: Averil is the least present; to Peter: she had thought about him this week, as she had had days when unable to do anything. Peter: he finds it hard to socialise after group. Jason: he makes himself socialise. Serena: had Jason seen her on campus this week? Jason: no. Serena: asks Nicola where she was last week. Nicola:</p>	<p>Announcement: new member joining next week.</p> <p>Comment: Maybe group already seems full.</p> <p>Some tension in group.</p> <p>Comment: Perhaps group responding, or not, to change: new member joining and also N away.</p>	<p>Nicola: isn't group already at capacity?</p> <p>Jason: the group has no shape for him; people always missing.</p>

<p>reports to hand in. Jason to Frank: why he didn't come last week? Frank: he had fallen asleep. Peter: this had happened to him once also; asks Frank how he is. Frank: doing the best he has been since uni started; goes in most days and is talking to people now. Jason: Why things better? Frank: the medication; also much happens in groups, he likes this, forces him to socialise, which he is enjoying although forgets names; also thinking of moving out. Jason to Frank: what does he feel about this group? Frank: Indifference, and that he wondered about coming. Jason to Frank: what did he mean by indifference, and what would the difference be between coming and not? Peter: indifference means not feeling good or bad about something. Jason: that is one thing but not coming is active decision-making. Serena: she was finding it hard to come; to begin with it didn't bother her, not now it was hard to come; she didn't know why. Before she had thought of herself as someone with no problems, now she had a new one every day; bf's mother had called her hypochondriac, and not left-wing enough; something about strikes.</p> <p>Averil: college, but hard to understand. Members adding bits.</p> <p>Nicola: internet dating was all; Frank: he has no FB account now.</p>	<p>No reaction from the group.</p> <p>Co-therapists catch each other's eyes. Comment: an idea of judgement, and in the light of new member what might this mean? Comment: group wanting more robust engagement with one another; that also, in the mind of the membership the group was fragile.</p> <p>Group had a fragmented feel although everyone present. Frank looking different: cheerier and losing the 'Bartleby' look.</p> <p>Comment: perhaps Averil was asking for feedback from the group about what happens to her when too many ideas come into her head at once.</p>	<p>Discussion of how they handle criticism of each other – eg Nicola on Frank.</p> <p>Jason: yes, it was a problem. Serena: Averil tended to chop off last parts of sentences.</p>
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Session no	Group: ambient mood/presentation	Co-therapists: observation, Comment, interpretations	Response to intervention
37	<p>Nicola: embarrassing Valentine's mix-up. Group enthralled. Jason to Nicola: what would she say if he had been recounting this? Peter: smiling. Frank: trying hard not to laugh. Serena to Nicola: it was all ok. Nicola to Jason: she was sexually abused – and tells story. Peter: dreadful week; intruded upon by BT man, freaked out, vomited over sofa.</p> <p>Frank: shared (shocking) assault in street.</p>	<p>Wondering how to manage without co-therapist next 2 sessions.</p> <p>Co-therapists note reflexively lack of development on this for Nicola.</p> <p>Comment: group responding as if intruder in midst – re new member joining.</p> <p>Comment: are co-therapists able to protect group from exposure?</p>	<p>Discussion re new member: are co-therapists honest or do we keep things up our sleeves? Talk of competitive siblings, and how hard to join the group.</p>
38	<p>No N.</p> <p>Not written up – some notes only</p> <p>Nicola; Peter: feeling less down than previously; no suicidality.</p> <p>Jason: his experience of assault – if it's him, he's ok, if its to others, he freezes. Frank: more on assault; most people inherently evil.</p> <p>Group rally to challenge this.</p> <p>Averil: fears she is drinking too much. Frank: wants to leave home.</p> <p>Nicola: Averil's new college near hers.</p>		
39	<p>No N.</p> <p>All arrive.</p> <p>Frank: bewildered, his doctor to up dosage on meds. Group rally and assure him this is usual practice. Discussion re medication.</p> <p>Averil: wants to switch because her Citalopram making her fat; wants Prozac, like Peter.</p> <p>Nicola: no more revision, exams all done, but struggling with doing anything nice (eg, reading). Peter: agrees. Frank: coursework and exams he has to do; some timed at home and found this v hard; told himself he had already done so badly no point in getting</p>	<p>Comment: well of course, the Dr [N] isn't here today.</p> <p>Comment: overcoming resistance.</p> <p>Comment: self-sabotaging</p>	<p>Ignored. Later: it could only be something professional.</p> <p>Jason: how he attempts things.</p> <p>Serena: what she does.</p>

	<p>started. Frank: laughs, all contradictory. Averil: described farcical scenario with parents driving her + equipment around for male nude shoot. Serena: got drunk and bec abusive to bf feels mortified now.</p> <p>Frank: his group in college: 2 students knew each other, spoke so fast together; was he just too old (26)? Discussion re age. Jason (20) felt he was the youngest. Nicola: Frank looked more like her age (22).</p>	<p>behaviours, often no conscious.</p> <p>Comment: unknown parts of ourselves that might not fit with preferred view of ourselves.</p> <p>Comment: a wish that in group, here, we could only focus on the nice, positive bits.</p>	<p>Serena on platform she met stranger who gave her music compilation CD; wants to see the best in people.</p> <p>Averil: intimacy: 'in-to-me-you-see'.</p>
40	<p>N returns</p> <p>All attend – except Frank. Nicola: has been to night-time talk at uni. Peter: is next week when new member joining?</p> <p>Group's experience of solo co-therapist: good; Peter: they had chatted. Serena: No, they had talked about serious stuff. Averil and Serena giggle. Jason: Peter bit grumpy? Peter: Yes, nearly didn't come; parents away; has to manage journey alone; v anxious. His birthday last week, and a friend's, plan to go out but friend chose to be with gf instead.</p> <p>Frank: though not here, seems to have opened up, compared to before when something stopped him.</p> <p>Serena: complains group haven't said much; also that she felt bad about what Averil had said about N.</p>	<p>Comment: Yes – N: group's lack of interest is evident, as also reported by mm and noted in previous sessions.</p> <p>Comment: some resentment might be around.</p> <p>Comment: perhaps also feelings about N having been away.</p> <p>Comment: this so concrete; the issue was about curiosity.</p> <p>Peter seemingly wanting more from group; group bored with him? Later, Serena claims not to have heard what Peter said.</p> <p>Comment: perhaps attached to grievance.</p> <p>Comment: difficulty relating.</p> <p>Comment: what the group was struggling with was intimacy: how to be intimate with one another without fear of causing upset or judgement.</p>	<p>Half-hearted mutterings.</p> <p>No response.</p> <p>Averil: if she asked a question would he answer it?</p> <p>Jason: he had often wanted to talk to the group but held back for fear the group's opinion of him would change. Talked about girls: one had stayed over and was now messaging him and he felt frozen.</p> <p>Serena took this up.</p>

	<p>Flurry of responses from Nicola: he mustn't keep her waiting and guessing.</p> <p>Jason: he hadn't had a drink for a long time, his friends called him on this, but then feels when he drinks he behaves badly and hurts feelings. Spoke in roundabout way – eg 'sexual relationship' (not with 's', or even 'sex'; group took him up on this and laughed.</p>	<p>Comment: need but difficulty of reply given intimacy.</p> <p>Comment: Euphemisms compounding difficulty.</p>	<p>Averil: notices full moon.</p> <p><i>Post:</i> Group in flight-fight; all 'out there'; Frank's absence, and the ambivalence he holds for group – eg, re N being away.</p>
41	<p>Not written up – some notes only</p> <p>New member joins Kris. Messages: Serena would be late. Nicola: new haircut; Kris sits next to her. Averil: she had met Kris 'in the shower' [lift].</p> <p>Group ask Kris lots of questions. Nicola: how hard this must be for Kris, not to seem like interrogation.</p> <p>Serena: brings nightmare.</p> <p>Averil: talks of poltergeist and because emotionally stirred up leaves room. Peter: also left room, shortly after Averil. Both return.</p>	<p>Comment: group's anxiety about feeling exposed with a new member present.</p> <p>Marked awkwardness and anxiety in room.</p> <p>Comment: how hard the group was trying to circumvent the difficulty of accommodating a new member – and that it was hard.</p>	<p>Jason and Peter: Yes.</p> <p><i>Post:</i> N wants to run the group for another year.</p>

	<p>Group feeling that co-therapists neglected Averil. Jason: had seen Averil's note but chose not to read it; then saw time, and felt co-therapists had been talking about her all afternoon.</p> <p>Serena: doesn't know exact dates for Easter. Frank: when would she like them? Serena: a year ahead.</p> <p>Nicola: worried she had no friends, scared them all away. Kris: his friends hated him. Peter: best friend from school just married and Peter not invited; his fault.</p> <p>Frank: college is better; has attended everything this week; very keen to move out and be nearer uni and friends; also, a girl he fancies; spoke too about his individual work with psychiatrist.</p> <p>Jason: he learned something every session, unlike individual work where he felt bogged. Frank: he felt awful last week and was coming today to say he was leaving, but hasn't. Peter: the reason for this was that Kris started last week. Frank: Yes, but I couldn't say that.</p>	<p>don't know what the fuck is going on'. And that there was enormous concern about the impact about the impact one another had on each other, and that the group were constantly judging one another.</p> <p>Comment: group knew roughly dates of Easter, Summer, Xmas... there was something about Serena needing the group's help with something but maybe group felt dates were randomly selected and that we dropped them over Easter.</p> <p>Comment: group to continue for another year.</p>	<p>Jason to Kris: is he judging group? And feeling judged by the group.</p> <p>Nicola: she felt a bit dropped now had no college or structure.</p>
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Session no	Group: ambient mood/presentation	Co-therapists: observations, comments, interpretations	Response to intervention
43	<p>Kris: 'Hi' as he enters. Serena: absent.</p> <p>Nicola: cannot remember last week's session; forgotten re break also; felt strange, cut loose from studies. Frank: someone gave a talk, doing degree is waste of time. Nicola: looking for a job; expected her degree to make it straightforward; not found anything, except outside UK. Jason: would she go? Nicola: yes.</p> <p>Frank: had also noticed he felt better recently. Jason: asks Averil where she was last week. Averil: Ill. Jason: group spoke about her last week and wondered if she could come more often and not miss sessions. Averil: she was anxious and there was a long train journey. Peter: he too was anxious and had a long train ride, but felt ok afterwards. Averil: maybe she'd get an ipod. Peter: you don't listen to music? Averil seems to contradict herself. Averil: maybe they were all having difficulty today because no Serena. Jason: Serena had been worried about pregnancy. Averil: remarks re fertility.</p> <p>Jason: he asks questions to get people to talk, partly so that he doesn't have to talk himself. Nicola: agrees with him, he does use questioning defensively. Jason: gets very anxious and nauseous, and doesn't eat. Peter: can identify with this. Jason: seeing girl tonight, has seen her 5 times; for first 3 times he vomited in the</p>	<p>Heavy inertia seems to fall. Comment re break and no Serena.</p> <p>Group failing to respond to impact of this. Comment: Perhaps group felt inured just so long as they were in therapy but also wondering about irritation with co-therapists re cutting them loose for Easter. This sounded encouraging and due in part to group, altho this could not be said.</p> <p>Comment: Although Serena had given notice of not attending today there was still some irritation about this. Comment: the atmosphere in the room today: the group was struggling not to work, and yes, there was the break as co-therapist had mentioned trying to engage the group with what they were feeling – so what were they feeling on the eve of the break?</p>	<p>Frank: he worried about other extreme: that group therapy would have no effect. Jason: impact of Frank on the group.</p> <p>Nicola: Yes.</p> <p>No response.</p>

	<p>hedge beforehand; he hates vomiting, it can splash back into his face; awful! Kris: quiet. Frank: group comment on how much better he seems; Frank: doesn't think it's to do with group. Jason: how hard it was to join group, caring about what everyone thinks of you; group is very helpful, better than individual therapy.</p>	<p>Frank: listening intently to Jason.</p> <p>Comment: Not everyone agreed with Jason that group was helpful: Frank, and Kris.</p>	<p><i>Post:</i> When Averil doesn't attend she makes random remarks. Helpful for Frank to hear about bright attractive young men like Jason struggling with relationships.</p>
44	<p><i>Pre:</i> long catch up, and discuss briefly my leaving group this Summer.</p> <p>Serena: asks Nicola about her exams. Nicola: exams over but field work/project stressing her – got head-to-toe eczema, and then in her eyes. Serena talks to Kris. Kris: boyfriend can't cope with his depression. Peter: how things had been for him at school and had tried to find others feeling similarly. Kris: not sure this is ok or better to put on brave face – though had tried that, not good. Serena: any idea where it all came from? Kris: not really; parent sep aged 3 or 4, and this prob had an effect. Peter: maybe Kris felt responsible. Kris: he doesn't remember feeling that; he remembers nothing of that time, but that from what he's read it fits. Serena: what did he mean? Kris: feeling responsible, worried about being abandoned. Serena: her parents splitting up was a relief. Nicola: something similar. Peter: how old had Kris been? Kris: 3. Peter: that's young. Serena: asks Kris more questions, he can't answer.</p>	<p>Which makes me feel very sad.</p> <p>Group seemed then to crank itself to life.</p> <p>Peter very sensitive to Kris.</p> <p>Comment: what's been on my mind, is that the group haven't met for 2 weeks, and with no mention of this, apart from Nicola.</p>	<p>Peter: had the worst 2 weeks he could remember. Serena: she had had a difficult time too, and almost a panic attack. Nicola: she had been at her father's but come the</p>

	<p>Serena: her holiday with bf: nightmares and coach journey; nightmares especially of Jason and Frank.</p> <p>Peter: his dreams, remembered in bits: Frank in plasters, electric wasps. Serena: her dreams about a tree-top place; she had been with Frank and he wanted to throw his bike out the window and Serena had tried to stop him otherwise he would kill people... he had dropped it; 3 people killed.</p> <p>Group have a go at Jason. Jason: annoyed that he had to do all the asking. Serena: not feeling competent not having had therapy before. Peter: he had but hadn't got on with it. Averil: had extended Assessment of 10 sessions. Averil: cross with college giving her mixed messages about acceptance onto post-grad course; she wanted to email them. Peter: a good idea, but might she also be over-reacting? Averil: talks but impossible at times to understand, then more coherent: she wanted to study, to apply herself to something. Frank and Kris: this is helpful.</p>	<p>I wondered about the little girl whose ordinary everyday worries and upsets could never be taken in and thought about.</p> <p>Group room is on 4th floor with large leafy tree outside window.</p> <p>Comment: all this talk about anger and getting annoyed with people but maybe you are angry with co-therapists about the break, and maybe you have ideas about what we were doing on the break...we may not tell you but you can ask the questions as you may have phantasies.</p> <p>Co-therapists laugh. Comment: dreams had been brought: they did seem to speak about aggression, and this was an issue for the group who tended to keep aggression, very safely, out there.</p> <p>Something unbearable in room: I have pains in my legs and have to keep changing positions; even got up to open window.</p>	<p>Wednesday felt so awful was glad she was away.</p> <p>Serena: thought N had been on training course. Peter: specific feeling that N in jungle...</p>
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	Serena to Kris, how he felt being a student? Kris: tough cos of exams at present but also doubting he should do anything professionally.		
45	<p><i>Pre:</i> possibility of another new member to meet at end of group. N away to another clinic (Leeds) next week unable to make group. Message: Jason ill + exams</p> <p>Nicola all in black. Serena: may go abroad for her research; doesn't want to as means leaving the group; she is getting a lot out of it and doesn't want to leave yet; symptoms still the same but her thinking has changed and so has she. Serena: privilege of being research student.</p> <p>Averil: college... but hard to make sense of. Nicola to Averil: she comes across as stupid when she isn't, and does herself a disservice. Averil: Knows, but continued to talk in half-sentences. Serena to Averil: she only used half sentences so we had to guess the rest. Averil: difficulties with communication in her family; could never understand her mother.</p>	<p>Co-therapist m ex- in hospital for surgery.</p> <p>Nicola: looks v chic and far removed from little girl showing her knickers.</p> <p>Comment: assumptions regarding education here in group; there were differences, not everyone had been to university.</p> <p>Comment: was group a privilege? What did/would people get out of it?</p> <p><i>Post:</i> meet new potential member "We have a waiting list!"</p>	Nicola: talks of resources.
46	Serena to co-therapist: had Frank been contacted? Serena to Jason: where had he been? And confusion: had he been off for 1 or 2 weeks? Kris: 2 weeks, and Frank also. Averil: not helpful when members not all present. Discussion: was group finishing? Jason: hadn't signed up for group forever; he would at some point have got what he needed. Serena: challenged him; all that she got from the group; she had offer of research abroad, didn't want to go as it meant leaving group. Jason: had had flu; cd have cancelled today but felt responsibility to attend, also wanting to know how	<p>Co-therapist m preoccupied as ex- having 2nd emergency surgery and by time session written up is on ventilator in ITU. I had not; had not heard that N had either.</p> <p>Comment: reminder that co-therapist N isn't here.</p>	

<p>everyone was. [later, to psychoanalyse everyone]. A lot about death: Jason: thought about it a lot; was going to happen one day; helped him make the most of things. Serena: thought about death too but hated it. Serena: more at ease when co-therapist N away; she got a lot from group and it was helping her enormously but feeling more anxious than before when coming to sessions. Discussion about why this was. Serena to Peter: how had he been (funeral)? Peter: spoke feebly. Serena: her grandfather had died too. Frank arrives.</p> <p>Division created: the 'talkers' (ie pro-group) Serena, Jason, Nicola, Averil, and the 'quiet ones' (ie ambivalent re the group) Peter, Kris, Frank.</p> <p>Q: did you have to stay in the group against your will? Serena: where had Frank been? Frank: dates mixed up; deadlines and hand ins too, used last week's session; appealed to Disability people in end. Nicola: nods approving. Serena: her grandfather. Kris: his parents. Averil: Kris' relationship with his father. Kris: parents and domestic violence. Averil: father hit children, spared mother.</p> <p>Averil: violence not always bad.</p> <p>Serena: not being able to tell people re the group; concern re judgement. Peter: what to say when people ask why? Jason asked Kris. Kris: wd say he was depressed; emotional reasons more truthful. Link to compulsion to beat oneself up over shameful things. Jason to Frank: knew what it was like to do shameful things. Discussion re alcohol, getting very drunk. Jason: house party, v v drunk. Kris: splitting up, so drunk lying in road, calling ambulance, giving ex's parents address not his own. Serena: v v drunk and sick at bf's house. Peter v quiet.</p>	<p>Comment: suggest it might relate to getting to know oneself better. Comment: concern about viability and longevity of group (and forgetting what was said previously re group to run for another year) – esp with N away, and not having seen Frank, who was now here.</p> <p>Feeling N's absence; enormous value of co-therapy.</p> <p>Comment: bringing the group back to here-and-now. Moments when group running away with itself. Peter v quiet; Jason dominant; Averil also. Comments: bringing N back into the room.</p> <p>Felt disabled from bringing Peter in – though said this later. Comment: Perhaps group felt less safe without Nick. Comment: fear that N not here because he was bored.</p>	<p>Serena: True; she was certainly getting to know herself better.</p> <p>Serena, Jason, Nicola, Averil all took this up.</p> <p>Averil: ignores this and sails over co-therapist.</p> <p>Discussion of how group different without N, and some mockery of him: Averil: what are your phantasies? Nicola quiet.</p>
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47	<p><i>Pre:</i> Discussed last week; leaving hospital visiting ex- saw glass beer and Serena holding it but she hadn't seen me.</p> <p>Averil, Serena, Nicola arrive together and sit either side of female co-therapist. Kris sits near male. Averil: dream, N in it, vomit everywhere. Frank arrived, sat next to N. Serena: apologised to Averil, had to talk, had had difficult week and wanted to understand; her supervisor had shared gossip, as an equal; on tube discussing research, what wd people make of it? She hadn't eaten and light-headed; and bf: didn't want to be in relationship and yet this was longest she had been with anyone.</p> <p>Kris: why did Serena attach so much importance to those who didn't even know her? Averil to Nicola: her latest lover. Nicola: which one? And spoke of her embarrassment. Frank: smirking. Serena: what was Frank thinking? Frank: why do you single me out?</p>	<p>Wondered if she was emulating therapist; preoccupied no Peter or Jason.</p> <p>Comment: thinking of link between Averil and Serena, there might be a worry that if things weren't carefully controlled there would be emotional vomit everywhere.</p> <p>Had been wondering about impact on Serena of N's absence, and that though she felt more relaxed she was in fact less contained; there was a need for paternal function. Quite a cold remark.</p> <p>Mesmerised by gender divide alongside no Jason or Peter.</p> <p>Comment: how hard relationships are; that the intimacy required was hard work, and exposing.</p>	<p>Frank: he couldn't bear the disappointment of not being good enough or The One.</p>
48	<p><i>Pre:</i> when to tell group I am leaving, and also about the Study and consents, and how not to get the issues mixed up. Only just heard re Ethics.</p> <p>Averil starts talking...</p>		

	<p>Peter: sorry about last week, unable to get out the door; did everyone come last week? Averil: not Jason either.</p> <p>Frank: didn't think he'd come, but had exam and fire alarm went off; evacuated building, meds and water left inside; gets excused from exam. Peter: knows how that must feel; is psyching himself up for benefits test; expecting them to throw his case out but they'd already decided he cd continue; a relief. Serena: arrives, what people talking about? Peter: fills her in; was coming last week then couldn't get out door and sat in shower for 1h.</p> <p>Serena: light in her eyes, does Averil want blind down? Averil and Kris do blinds and open window. Serena: her grandfather's funeral, difficult, inappropriate thoughts, wondering if grandfather would pick them up; nice service; mother upset, though Serena's sympathy pushed aside. Nicola: what a strange thing to say.</p> <p>Serena: family so small; anxieties get passed around. Peter: his grandfather's funeral in Swedish, he didn't understand it.</p> <p>Kris: his parents; unable to share anything with them.</p> <p>Peter: session before last (46) terrible. Nicola: what was so bad? She hadn't found it so. Serena: Peter had been quiet.</p> <p>Averil: creepy man at newsagents at tube. Frank: paid bills there but man too chatty so stopped. Averil and Serena: hepatitis contamination. Serena: mother had warned her about contracting hepatitis and worse. Nicola: her scientific understanding. Peter: his dentist. Averil: mother freaking out at plaster on bloody finger.</p>	<p>No one takes up what Peter says.</p> <p>No one says anything.</p> <p>Co-therapists clock this brining in of outside world. Comment: group today wrestling with disturbing thoughts.</p> <p>What is Peter rejecting? Comment: Mindful that Jason is absent.</p> <p>Comment: Perhaps group had found Jason provocative and had not challenged him about it – as indeed I had not either.</p> <p>Kris said nothing. Comment: intercourse between. Averil and Serena as if the only one allowed, and that it was a bit mad.</p>	<p>Serena: Jason coming only because of interest in others not about talking about himself.</p> <p>Peter: it's not your job to challenge Peter: Averil cannot read people's minds.</p> <p>Averil to Peter: you cut your arms, what's that about?</p>
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Session no	Group: ambient mood/presentation	Co-therapists: observation, comments, interpretations	Response to intervention
49	<i>Not written up – and no notes at all!</i>		
50	<p>Weather very hot.</p> <p>Serena: would Jason come? If he did she would challenge him re not coming, but she was nervous about doing this. Averil arrives, then Jason. No Kris or Frank.</p> <p>Averil to Peter: remarks re stopping smoking – it usually doesn't last (as he had been lighting up outside) - not helpful. Peter: no regret for what he said.</p> <p>Jason: apologised for not having attended 2 wks; exams; shd've sent message. Serena: why did he come? Did he think of leaving?</p> <p>Jason: did think about this; already had a lot of psychoanalytic input but also that there were areas (vomiting) he still needed to work on. Averil: cross with Peter still. Serena: felt uncomfortable after group last week; hadn't felt like a good group. Serena: more anxious now before the group; sometimes felt good afterwards, sometimes not. Peter: maybe she had his depression. Serena: she didn't think so. Serena and Peter: discuss depression vs anxiety.</p> <p>Peter: ...all week and nothing much to live for.</p> <p>Jason: spoke of his anxiety, the retching, vomiting; that before running meets he threw up in bushes; would get cross with himself and hold back from vomiting but then the nausea would engulf him; he spoke of symptom conversion.</p>	<p>Hard to concentrate.</p> <p>Comment: did seem to be a wish to keep things nice and supportive and for members not to get stirred up</p> <p>Comment: well, good group, bad group, I wonder what that means?</p> <p>This falls over group like a pall; all hushed and no one says anything. Serena turns to more enlivened member, Jason; Peter wounded, self-regulating, and rallies.</p> <p>Jason voice like a foghorn talked for about 10 min.</p> <p>Group then took off in all directions. Comment: group seem to have gone off-piste, outside the room again.</p>	<p>Peter: before he didn't sleep night before group; now he didn't sleep night after either! So, 40h no sleep!</p> <p>Serena turns to Jason. Peter slips finger into his mouth, perhaps biting it. Peter to Jason: Why was that then? Jason taken aback.</p> <p>Averil: gets up to go to toilet.</p>

	<p>Group talking about sex. Nicola: resentful towards male partner; liked him but wanted to hold off a bit. Jason: how long been going out? Nicola: 3-4 weeks. Jason: always have sex with someone so soon? Nicola: doesn't feel like she's dating properly until have sex; how to talk about this? Told him she wanted to hold off but was misunderstood. Peter: any man told by a woman that she wanted to hold off from sex meant that she didn't like him. Nicola: she hadn't thought of that; that was very helpful. Serena: she couldn't have sex if she thought about it; she couldn't have sex in bed bec otherwise when she went to bed it meant she had to have sex; concern too about who initiates. Jason: he had been with a girl and she had initiated, been the leader, which sounded like camping. Group explodes into laughter. Serena: dislikes it when sex is spoken about and she isn't expecting it (eg, seminars).</p>	<p>Co-therapists also laugh.</p> <p>Comment: sex perceived as something in your head, not as something spontaneous, as a communication between 2 people. Comment: And what about the intercourse here? There was a tendency, as already commented on, of taking everything outside.</p>	
51	<p><i>Not written up – some notes only.</i></p> <p>No Averil or Kris.</p>	<p>Group picking up on changes to the group.</p>	
52	<p><i>Pre:</i> half term and very quiet; should we have cancelled? Discuss dates, and my leaving, and that the group needed to be told; also about the Study.</p> <p>Nicola: doesn't know what she's doing: cd go to S America for a year, but this meant leaving the group; if she got job in UK could</p>	<p>Motley crew as all they tumble in. Announcements: dates, mm leaving; new therapist. Comment: it would be different and we didn't know what sort of group we'd have after summer either. Research in dept and that I was involved in that and it would be complete anonymised. Nicola: affectless again.</p>	<p>Serena: it would be very different.</p>

<p>stay. Serena: she understood. Jason: decided on his travel trip but had never thought about the group, had assumed it finished when term did; also that as he had left the group for 4 sessions and felt ok maybe he didn't need the group anymore; but now returned, feels part of it, so confused. And if he left would he go back to how he was? The girl he was with was pressurising him to travel. Serena: which girl? Serena engaged Nicola re boyfriends. Nicola: also a girl. Kris: asked questions. Averil to Nicola: what's father like? Nicola: quiet; feeling disaffected with bf. Serena: same; she loved him but was bit depressed; she wanted someone who'd make her laugh; also feeling bored at present and wondering why. Talk of idealisation and resentments. Nicola: she idealised and then denigrated/attacked boyfriends.</p> <p>Serena: her bf being depressed.</p> <p>Nicola and Peter: quizzing Kris. Peter: why didn't he think things might be better when he was 40 and that he could have another go then? Kris: If not now, why at 40? Kris: N referring to the group being different in Sept, surely it meant getting rid of him?</p> <p>Frank: not anxiety, feeling slow; hasn't eaten enough; has a mentor now, meet every week to plan work; no holiday this summer as has coursework and exams; also getting £1K computer equipment; no more excuses; unsure about continuing with the group. Peter: he wasn't sure either; dream: back at school, and just wrote 'Bollocks!' and 'Fuck off!'. Averil: noticing how she is getting angrier with people. Peter: ...adds about the smoking. Averil: dream: she and Peter got married 'just pretend'.</p>	<p>Was Jason inviting the group to make him feel bad? But we wore them into the ground with talk.</p> <p>Frank and Peter in shadows. Co-therapist m feeling irritated with this talk. Comment: was the group idealised and denigrated? Some resentments about demands of the group? Something more depressed in room.</p> <p>Comment: some distant members not heard from.</p> <p>Comment: the group in danger that Serena's bf becomes the patient.</p> <p>Co-therapist m resists strong urge to rescue Kris.</p> <p>Frank's supercilious grin; excuses but also attacking, yet looking so much better than before. Perhaps he's feeling they're closing in on him</p> <p>Comment: reality check here: pretty sure we said to Summer at least.</p> <p>Comment: interesting that group just</p>	<p>Total silence. Frank closes eyes, Jason slinks into chair. Nicola: her resentments. Kris: assuming this is me; how incredibly hard it was to talk in the group; knew he was meant to; prepare things even, but couldn't. And yet feeling better about things but unsure if owing to the group; feels this is last chance.</p> <p>Serena to Frank: why so quiet? Nothing to say or anxiety?</p>
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		engaging with something as we have 3 mins to go; these dreams did say something about the group – for better or worse.	
	Jason lobs something into bin as he leaves.		
53	<p>Kris: enters with cheery wave; chats to Averil; have been talking on way up. Peter: may as well continue from last week! Peter and Averil talk about dreams. Peter: throws in cigarette incident to wind Averil up.</p> <p>Group meze on dreams – everyone has one! Serena: a fish called Keynes and a friendly group with no therapists. Peter: 4x4 being pulled by a tiger.</p> <p>Serena + group: didn't like Frank's aloofness; his ostensible lack of care and silence... Peter: easier maybe if Frank left.</p> <p>Kris: he too found it hard to talk; unsure if part of the group; being part seemed unrelated to commitment; although asked questions, wasn't as drawn in as he could be maybe.</p> <p>Group: challenge Jason on hasty decision. Jason: couldn't bear feeling bad. Group: made it clear wanted him to stay.</p> <p>Averil: session notes and seeing copies; time she needed proof of attendance. Jason: how hard to talk about group: gets asked Qs and can't answer. Kris: and now there's going to be a paper. Jason:</p>	<p><i>Pre:</i> message from Nicola, cancelling has field study; wondering if group constructive enough last week; group saying Yeah, keep on but maybe isn't ready for relationship and maybe needs to find herself a bit more.</p> <p>Frank: his superciliousness and how the group do not challenge him.</p> <p>Comment: this would of course be easier and relieve the group of its responsibility to own its own aggression and challenge Frank.</p> <p>Comment: wondering also about Jason, and were group scapegoating – was it being pulled along by a tiger?</p> <p>Comment: this was an NHS group</p>	<p>Maybe easier if co-therapists asked him to leave.</p> <p>Jason: apologises profusely; holiday booked; group was only commitment in London at present.</p> <p>Jason: he'd leave then.</p>

54	<p>father and illness and didn't know him and he could just die; had told mum about the group; she said ok. Serena: father and his depression, living with ill mother whose own mother had killed herself and whose other child had been killed; had no feelings for her father though before had said she loved him and angry with cold, heartless mother; father still loved her; engaged soon after meeting.</p> <p><i>Not written up – some notes only</i> Pre- email exchanges re organising Consents; to tell group someone would be getting in touch re Consents and to leave it at that, to not bring Study into the room when we wanted it to stay out. N emailing Adolescent department re vacant co-therapy post.</p> <p>Averil: became stirred up by Peter; feeling his remark re smoking malicious; and to Serena that she had no insight.</p>	<p>and ultimately it was co-therapists who did the deciding. Comment: group would be hearing more about this shortly.</p> <p>Very poignant family story.</p>	
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Session no	Group: ambient mood/presentation	Co-therapists: observation, comments, interpretations	Response to intervention
55	<p>Message: Averil has migraine won't be attending.</p> <p>Jason: realises this is last group; would like to come back. Various group members say they wanted him to remain. Serena: lots to say re last week yet no point since no Averil. Peter: saw the note; not surprised but is disappointed. Nicola: what had happened?</p> <p>Nicola: briefed on last week. Kris: Averil's muddled state of mind. Serena: Averil most mad of them all yet often felt Averil understood her best; understood each other best. Peter: prompting Serena. Jason: where's Frank? Door opens, Frank enters. Serena: her more extreme worries as a child, blood dripping down walls; worry seeing her father and what could happen to him when her train left; would he make it back over the footbridge? Dream in which he had fallen through; very anxious until she's spoken to him on phone; same with brother and sister; always dreading catastrophes; prayed, although atheist, but it helped. Jason to Frank: presumably he prayed a lot? Frank: doesn't want to talk about it; separate from here. Jason: why? Frank: not wanting to be evangelical; yet for long time believed that when mother went out she would be killed; utterly convinced and would rehearse sequelae; she'd then come home and all ok but no comfort in this. Kris: worried about mother; also hearing his mother being denigrated. He prayed too, and it helped. Peter: brought up religiously but didn't bother with it now. Kris: feeling useless and stupid and no one would listen to him. Kris: apologies for next week; exam.</p>	<p>Announcement: next week someone would come to talk to them about the Study after group and we wouldn't be there; very separate from this.</p> <p>Comment: If group felt they wanted Jason to come back then space would be kept for him.</p> <p>Something boring and stultifying.</p> <p>Comment: the group seemed to be struggling with something to do with death – and linked this to changes in the group – eg, something ending; the group seemed not to have taken on board – eg, m leaving</p>	<p>Jason: he wanted this.</p> <p>Group said nothing. Serena: how could co-therapist say this when her anxieties so great? Absolutely no correlation between</p>

		<p>Comment: full and apt (not recorded).</p> <p>Comment: links and linking, and a difficulty or resistance to seeing the links.</p> <p>Comment: Jason would be leaving and possibly some members would not see him again.</p> <p>m didn't say goodbye to Jason(!)</p> <p><i>Post:</i> Nicola and Jason might not see each other again. Serena: existential fears; links to the group affronted her academic stance.</p>	her feelings re her father and the group! Another example of co-therapists having ago and not allowing members to bring in stuff from outside.
56	<p>Averil: who attended last week? Apologies for not attending: had become so upset after previous group and before next group had drunk too much. Serena: her frustration with the group last week; about no Averil. Peter: felt awful last week too, and drank too much; his father's whisky; first time this year he had drunk anything. Frank: quiet and listening. Nicola ditto. Averil: wanting to be understood but also not being bothered to make herself understood. Serena: last week's group waste of time; Peter saying something to her last week, he was upset. Averil: the spaces between, her family situation, not having a hand to hold onto; wanting to do postgrad so that she had something to do though would she be able to stick with it?</p>	<p>Announcement: re psychologist to talk to the group re Study after session today.</p> <p>Wondering what this was about; what was being kept out – the present, ending, goodbyes.</p> <p>Though moving, not hard to get what Averil is saying though wondering about wanting to find a home in the group.</p> <p>Comment: spaces between as very</p>	

	<p>Serena: groups at uni, and maybe she should wear a suit. Much re approval. Serena: liked it when Peter had said he liked her; her week divided into group and non-group days; linked to her feeling of time wasted last session; when sociable hard to be herself; how can you say to someone you like them and for it not to be misconstrued? Serena: party and drinking game. Serena: not comfortable with sexuality except in clearly marked zones. Group laugh. Frank: listening but quiet.</p>	<p>important and something perhaps the group wanted to avoid, and instead leave it with Averil.</p> <p>Comment: the group not wanting to face the stuff about endings. Who would be in group in Sept: some would, some not – and some for certain we knew would not (m).</p> <p>Comment: group divided along gender lines.</p> <p>Co-therapists laugh. Frank: quiet all session.</p>	<p>No comments.</p>
57	<p>Message: Nicola unwell.</p> <p>Averil: Nicola always off; realising didn't like her v much. Serena: ditto, and Nicola having contributed less of late; seemed to be standing behind the chairs at one remove. Serena: dream: group members in it; row with N.</p> <p>Frank: doesn't know: sometimes gets something from the group; other times less sure. Peter: not sure re the group or not sure generally? Frank: not sure generally.... By end of exchange he's in for Sept. Frank: letter from Uni, has passed all his exams; feeling very settled in himself, and for first time in ages. Peter to Averil: sounded like her work had been stolen/plagiarised. Frank: last time</p>	<p>Lots going on re endings and mourning and things being left in the air.</p> <p>Comment: Dream, about group: Nicola being away.</p> <p>Comment: an idea maybe that co-therapists knew who would be there in Sept.</p> <p>Comment: So far only Jason and Serena had said they would attend Sept.</p> <p>Wondering whether Averil also</p>	<p>Silence.</p> <p>Serena: asks Frank his plans.</p>

	<p>went to church meeting woman collared him and spoke about her lover; he hadn't been back since; then mother's bday, 50 guests, Frank only male so went to hide in room then played with children, taking them to park; in taking care of children his own issues disappeared into insignificance. Serena: she had had the same thought/exp. Frank: realising church was his mother's church, not his; had to find his own. Kris: definitely wanting to come back sept but feeling so stressed at present wondered if he'd make it to next year; exams, no relief once done; also year group being divided. Serena: sympathising. Serena and Nicola: bitching about Nicola, she was passive-aggressive.</p> <p>Serena: grandfather spoken well of her when ill, so couldn't visit him in case his opinion changed. Peter: same with his grandfather. Discussion: death and afterlife. Peter terrified. Serena: scared, less so thinking that the group of people might go together. Frank: comforting that some people would stay behind and continue to live. Serena: great comfort from thought that in 100 years, everyone in this room would be dead, including her, and that was alright.</p>	<p>referring u/c to the Study.</p> <p>Wondering about the group as a church; powerful image.</p> <p>This felt very gratuitous.</p> <p><i>Post: group passive-aggressive not taking up Nicola's wishy-washyness re job and leaving.</i></p>	
58	<p>Peter sat where he always does; Serena, Nicola, Averil around female co-therapist.</p> <p>Nicola: asks what had been spoken about last week; she'd been v unwell and unable to face people. Peter: the group would have made her worse then? Nicola: S America and job applications; now feeling lost; no timetable, no one to help; worried about dead-end job like her mum's. Serena: filled up w her own stuff, unable to connect. Averil: they had spoken about Nicola last week; thought she was aloof from the group, not contributing much. Peter: ditto. Nicola: surprised; maybe she was a bit aloof; something she is aware of. Peter: he felt like that too; he didn't contribute much, felt</p>		

	<p>v similar to Nicola. Serena: disagrees; Peter does contribute; maybe holds back a bit but does bring something of himself; she has a good sense of what is going on for him, and that he is warmer somehow. Nicola: feels lonely and withdraws; she pushes people away; lots of people she knows but not well enough that they care, so she withdraws so as not to be around for them to think about her or her about them. Nicola: aware it's destructive; once in S America will be same once excitement has died down; this is her; this is what she does.</p> <p>Serena: feeling so wound up and anxious; had to go to GP but unbearable feeling nurses etc watching her; so aware of heart rate; becomes tearful; this something that hasn't changed since the group started; woman in waiting room talking to her; Serena couldn't bear it and pretended to be someone else and had to go outside but missed her appointment. Peter: experienced similar; would go to toilet and that they could knock when it was his appointment; it worked. Serena: very nervous re presentation next week.</p> <p>Averil: accepted for postgrad art/theatre course; delighted but also how would it be? Serena: bf not right for her; things not going so well; worked when she was upset all the time and he could comfort her; now they mis-fired; v different humour; seemed v in to her; she felt guilty.</p> <p>Peter: landscaping job; heard owner wanted to get in touch – did this mean he'd done bad job?</p> <p>Averil: wonders re Jason and gf. Serena: presentation at another university next week, then back to London for the group. Serena: dreams.</p>	<p>Comment: maybe this is what's happening here...</p> <p>Suppressing a yawn; what's going on?</p> <p>Comment: the therapeutic couple here and some concern re new therapist?</p> <p>Comment: gender divide in room.</p> <p>Co-therapists laugh, and explain there's only 5 mins left.</p> <p>Comment: the group really unsure about dreams being relevant to the group, when they had seen that dreams could be and had been relevant – and that, as with seating arrangements there might be unconscious motivations and links made.</p>	<p>Averil got up to leave for toilet.</p> <p>Serena: quite looking forward to it actually; liked it when things moved on and some commotion. Everyone defends their choices.</p> <p>Serena: not sure relevant to the group.</p>
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59	<p>Weather very hot. Nicola: when is the last group of term? Is it today? The group look blankly on; no one seems to know.</p> <p>Serena to Nicola: how is she? Nicola: going abroad less pressing; looking for good graduate job; also best to apply for job once you're in the country; here till October; doesn't want to be in the group and then leave; knows this is irritating for members wanting decisions.</p> <p>Serena: asks to switch places, light in eyes; shares what GP has told her over the years; new GP referred her to specialist; has migraine-thing going on; will do scan. Serena: notices N's phone, asks whose it is.</p> <p>Averil: wondering how Jason doing, facing his empty chair.</p> <p>Averil: her eyes, lump in eyelid, and effect. Frank: his eyes – which had been closed on/off – had sore left eye and GP had sent him for thyroid tests, and since then they had got better and stopped</p>	<p>Co-therapist's phone left on table. Comment: two more sessions after today. Comment: how noticeable that group doesn't have an ending in mind.</p> <p>Noticeable group doesn't claim Nicola and she makes no effort to be claimed.</p> <p>Comment: it's his; maybe worry he was going to take a call.</p> <p>Comment: was there an underlying anxiety in the group about the research?</p> <p>Comment: maybe a worry about whether he would come back?</p>	<p>Questions about length of break; date back etc.</p> <p>Averil: 'Young People' as new category between adolescence and adulthood. Serena: was I leaving simply bec I had fulfilled by role in the group and that had been the sole reason I had been there to get info? Kris: he was tempted to read the literature on groups. Serena: she usually did this sort of thing but didn't dare as her anxiety would rocket; she did wonder about individual therapy and couldn't imagine it- you have the therapist facing you and saying nothing, at least N and m diluted by group members.</p> <p>Serena: she wasn't; she was sure he would come back.</p>
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	<p>hurting; never got the results but now hurting again. Peter he had had thyroid tests done too. Serena: she had also, and how disappointed when results negative, had been hoping were cause of all problems.</p> <p>Nicola to Kris: why he thought people hated him; did he still feel this? Kris: Yes. Peter: did he have good reason to think this? Kris: Oh yes, and spoke about girls/boys.</p> <p>Peter: having to give up his room at home as brothers back and involved in Olympics; mother had also let out a room and wouldn't allow Peter to sleep on the floor; not terribly concerned but was hard to spend time alone in own flat; has to pay rent to mum but also did the garden and since someone had commented on how lovely it looked rent hasn't been asked. Frank: Not moving out until after his exams/resits but mother going away so would have place to himself for a while; still worried tho about family downstairs, the child, the father does drugs and can be violent; police called but man scarpers whenever they're around.</p> <p>Serena: her flat, and family below her, violence, screaming, going into garden; wondered about being watched, also the man had shouted threat.</p> <p>Serena: talk (2h) had gone well; her great anxiety and shaking, and accepting it though not drinking in case people saw her hands shake.</p> <p>Coming up for time: last minute flurry: Nicola's last session; Serena realising it's hers also. Group rallied and said they wanted Nicola to stay.</p>		
60	Kris only attended. Waiting 20 mins then closed session.		
61	<p><i>Pre:</i> wondering about last week and no attendance, except Kris: collective protest, disavowal, ambivalence – and Kris's anger at being the only one (abandoned); we wondered too about the light, the blinds.</p>		

	<p>General mutterings re last week, mix of guilt and confession: Nicola: leaving when maggots in carpet; she had to deal w this. Averil: spoke about having played about with her meds, halving the dose and then forgetting all together; later, ex-bf who'd bec engaged, Averil drank entire bottle wine. Peter: unable to come as totally unable to get on the train; bored, really bored... sleeping downstairs in dining room, waking up to father complaining, mother nagging; didn't know why he had bothered to come today. Averil... Kris: he really didn't see the point in coming anymore; today last session before the break – as if the group making him feel worse. Nicola: did he feel this was to do with the group or his problems? Kris: cos of problems.</p> <p>Nicola asked Frank about his attendance. Frank: tended not to come when felt good as didn't want it spoiled. Nicola: feels guilty about this? Frank: No.</p> <p>Averil: her weight gain and her bf; her dream: Nicola's parents being blind, then rush of apologies.</p>	<p>Bite of aggression in Peter's voice; on edge of something v rageful but didn't go there.</p> <p>Comment: something about not wanting to 'go there'; people really struggling with things and yet not wanting to bring themselves to group; something quite destructive being enacted collectively. Frank had come in with a rolling gait, wearing smaller cross and seemed very sleepy and dozed on and off, and would rouse himself rather like Mr Bean; at other times seem to take himself off somewhere else.</p> <p>Something about not wanting to spoil things today, def not 'go there'.</p> <p>Comment: dream very pertinent: That it spoke to Nicola and what we knew of her experiences, that a blind eye had been turned – and that maybe a blind eye was being turned here too: to the break, to m leaving...</p>	
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	<p>Averil: her bf; her weight. Kris: listening intently Nicola: she found some things painful to hear – eg, Averil talking about her weight gain when she was lovely as she was, and Kris and his terribly low self-esteem, she said she found this heart-breaking. Averil: spoke about gaps and gaps between and linked it to what co-therapists had been saying.</p> <p>Kris: something he had wanted to talk about for some time...lump on his neck...he knows what it is likely to be and it's not good. Discussion in group re self-diagnosing. Peter: asked Kris questions. Kris: silly things about looking on internet and having every disease in the book. Nicola: silly thing was not going to GP. Averil: feelings of negativity towards me, which was difficult because I was nice. Kris: sits as far away as possible from N. Nicola: N being authoritarian and forceful; me nice, softer.</p> <p>Averil returned. Time.</p>	<p>N's voice stern and pulled the group up. There was also something about the work that they, the group, came to do – and by implication why should one automatically feel better? – and the corollary, that getting in touch with reality was painful.</p> <p>Peter v angry and fed up indeed.</p> <p>Comment: Something about the group evading the work it knew it had to do.</p> <p>Comment: Disaffection in the group about gaps between, who would keep them in mind over the summer, And how would they manage?</p> <p>Comment: maybe he had feelings about coming to the group last week with something to share then finding no one else here; maybe that was shitty.</p> <p>Comment: the group, to get technical, were splitting m and N, when in fact we were co-therapists together, and that group wanted to designate n as cruel and m as kind whereas group didn't see that we worked together.</p>	<p>Group seemed to come-to; Peter still in doldrums.</p> <p>Kris: playing with his arm. Averil: suddenly had negative feelings towards me; wondered why; and this something that only happened to her in the group; never outside; she didn't know what to do. Kris: shit feelings. Kris: is it ok to swear?</p> <p>Kris: wondering about saying goodbye. Averil: started to cry, great deluges – and left the room.</p>
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PRELIMINARY WORKINGS to Table 2: EMERGENT THEMES and CATEGORIES

LOST/FOUND

- Getting here(travel)
- Referral
 - o Reasons
 - o Prev experiences of individual P01
 - o Prev exp of group Av02
 - o BF had analysis S03
 - o 'sandstorm' image P06

[SYMPTOMS]

REASONS for COMING

- Contact F02
- Wants help with stuff S10
 - o "Mad stuff" contamination S10
- Symptoms
 - o Better now than in last 10 years P01
 - o Individual therapy poor
 - o Symptoms as bad as the others?
 - o Depression
 - o Anxiety
 - Severity
 - ❖ On Valium p
 - ❖ Chest pains++ P
 - ❖ Tests S01
 - ❖ 'Head squeezed by hand inside chest' F01

- Re sessions
- Re of social world
- What helps?
 - ❖ Valium
 - ❖ Drama

HOW TO DO THIS?

- How to do this?
 - Cues from others
 - Don't want to be talking about self
 - "thought to be analytic/detached" P14
- Fears
 - Will engagement trigger relapse?
 - Sharing/not sharing
 - Fears of upsetting group S03
 - Properly P10

SPACE BETWEEN SESSIONS

- Ok during week
 - Good week F21
 - Good after last week S33
- Not ok
 - In bed, collapsed
 - In bed all week ?F23
 - Reason (felt told off by co-therapists)
 - So bad wanted to cut P03
 - F03
 - Fed p after last week J32
 - Distressed S13

- Less good S35
- Felt awful; drank father's whisky P56
- Sees J in college S34
- Thought of P S36
- Hard to socialised after Group P36
- Can't remember; feels cut loose Ni43
- V drunk; shame J46
- Gaps between Av60

PERSONAL HISTORY

- Loved school/hated uni S02/07
- Hated childhood S09
- Loved school S09
- Sexual abuse Ni08

ALCOHOL

- Loves it
- Reaction to
- Depressant P
- Consequence of later meeting someone when sober
- 'paying' with abottleAv21
- Hungover S24
- Helps with photographic sessions but leads to sex Av25
- A bottle of wine a night Av38
- Drunk at bf's parents S46
- Drunk by side of road K48
- Drinking game at party S56
- Felt v upset; got v drunk Av57

GENDER ROLES/PERCEPTIONS

- Avoidance of this F02
- Objectification 17
- Gender differences F19 F20
- Gender divide S20

ACTING OUT/ENACTING

- Going to loo Av02.....Av 50
- Arriving late
- Forgot bag Ni03
- V short skirt Ni04
- Jeans and coat on Ni05
- Clothing/seduction
- Forgetting to come T06
- Goes out without glasses F06
- Unable to go out
- Terminating friends on FB

SILENCE/TALKING

- P01
- Av03

OUTSIDE WORLD COMES IN

- Work/college tasks
- Paths not taken P03
- Slept w boss Ni03

GROUP GOES OUT

- What to tell others?
- Group at uni S56

LOSS

- Paths not taken P03
 - Childhood
 - Relationships
 - o Parental [bereaved mothers S19]
 - o Romantic

CHALLENGE to OTHER MEMBERS *see Challenges*

- T to F 03
-

REACTIONS TO INTERPRETATIONS

- intercourse

WHAT GETS STIRRED UP

- S wants better connection to fa S05
- More aware of parental disturbance S05
- Self-knowledge/self-awareness (eg S06: dismissal of those who struggle; S07: boxes of mental illness)
- Difficulties being alone S06
- Feeling alone
- Seeing patterns S07
- Honesty
- Feeling tense w bf S07
- Envy of happy families S06

- Cross with co-therapists and wanting to challenge them S12
- Stirred up by last week's session P23
- Av and meeting K 'in shower'- ie feeling exposed Av41
- Cr Av and going to loo

COMMENTS/FEEDBACK

- Positive
 - o Last group helped reconnect to parents Av05
 - o Group is highlight of the week P06
 - o Nicola to P re his remark re sex Ni50

AREAS of DIFFICULTY

- Being alone S06
- Travel
 - o Valium P01
 - o Sandstorm P06
 - o Train alone scary P40
 - o Unable to get on train P60
- Preoccupied with what people think of me eg, S57
- Relationships
- Relationships to parents Ni08
- Erected brick walls around things P10
- Lots of problems re girls and sexual relationships J40
- Anxiety and vomiting J40
- Conversion diagnosis
- Depression, compulsion to beat self up; shame K48
-

FOOD/EATING

- Not eating in public S06
- Not liking food F06
- Not eating ---- light-headedness F

SOMATIC SYMPTOMS

- Lots of tests S01
- Tense back S07
- Pelvic pain P19
- All-body eczema Ni44
- Going to loo Av 50

FEARS

- Of getting better S07
- Of confronting mother (suicide) S07
- 'mad' stuff/contamination
- Contamination/HIV S48
- Contamination Av48
- Train alone P40

SHIFTS

- Can see mother's illness now S07
- No Valium P07
- Return to uni F08
- Seeing father for first time in 10+ years F08
- Feeling things changing S09
- Feeling more aware S09
- Realisation: not better yet S15
- Notices spoiling things S33
- Never thought of self as someone with problems S36
- Doing the best since starting: in college most days; talks to people; likes groups; thinking of moving out F36
- Less down than before P38
- Also less down than before Ni38
- College better; keen to move out; girl he fancies F42
- Getting a lot out of group; doesn't want it to end S46 also more anxious in coming than before
- Getting to know self better S46
- Realises idealises and then attacks bf Ni52
- Noticing she's getting angry Av52
- Feeling better about things K5
- Notices her initial engagement and then pushing people away Ni58
- Realises church is his mother's not his F58
- Moving out after the summer F58

ASPIRATIONS

- To be nice guy P07
- To build bridges

SUICIDALITY

- Ni07
- Av 08

UNCONSCIOUS PROJECTIONS

- Sessions 19/20
- Av 08

ASKING AFTER OTHERS

- T S07; Av 08

PARENTS

- The best P05
- Illness of...
- Fears confronting S08
- Rows with Ni08
- Wishes they'd separate A08
- Mother's affairs S04
- Mustn't tell re group P03
- Last group help connect with Av05
- Fa psychotic S10
- Mother has never taken worries seriously S10
- Fa is a bully; mother not a coper Av06
- Parents violent Av06
- Rebellion and resistance to, P13

- Bf mother----illness S14
- When unwell, mother says I have that too S14
- Mo cd understand neuroscience but not me S20
- Sees preg P23
- Bf's parents S35
- Av mother Av33
- V driven father J35 J3
- Rows with P37
- Involved in photo shoot Av39
- Sep when 3 mosK44
- Spoke about K48
- Funeral, snubbed by mother S46
- Mo denigrated by family K54/55

SEX

- Discomfort re sex and related words S04 and S05 (intercourse)
- Exp of brutal sexual encounters S04
- Mother's affair S04
- Sex exploitation in nursery P04
- Slept with boss Ni03
- Sleeping with someone she fancies and then he goes off with someone looking just like her Ni11
- Male nude photogr A11
- Casual sex over the summer P14
- Gays colleagues S21
- "in my experience" (says virgin) P21
- Picking someone up at party/chip shop Ni21
- Bisexuality Ni21
- Giggles re bisexuality F21
- Unable to tell mother re sexuality Ni33

- Can't have sex if you think about it S50
- Uncomfortable if sex is spoken about
- Bf and Ni 52
- No comfort with sexuality except in clearly marked zones S56

RELATIONSHIPS

- Never had any F05
- Meeting people when drinking, then meeting them sober S02
- Never in rel'p F03
- Loneliness at uni S06
- No affines or affectional bonds therefore not a person F9
- Wants to make contact s girl he fancies P11
- BF bad; liked it when couldn't function A12
- Row w bf S15
- Anger gets in the way
- Nice/not so nice people S19
- Talking re is the hardest thing P27
- Invited girl and then told her to fuck off P30
- Ni fancies girl, and guy Ni 30
- Due to go out; can't face it P40
- How hard to get to know K Ni41
- Best friend from school got married but I didn't get invited P42
- GF unable to cope with his depression K44
- Couldn't bear to be disappointed; to not be The One F46
- Bf not right; tho relp is the longest S47
- Bf depressed? Love him but doesn't cheer me S52
- Bf not right; compl diff humour S 57

SOCIALISING

- Hard Ni03
- Never had peer group F02

CONNECTING

- Alcohol
- Avoidance
 - o No glasses F06
 - o Ignoring group members F06
 - o Terminating friends on FB F06
- Better connection to fa S05
- People as bizarre S12
- Wants more connection S24
- Hard to get to know K Ni41
- S.....Av S42
- So filled up with own stuff couldn't connect S58
-

ENCOURAGEMENT

- AV on s Av10

ANXIETY

- Fear of T01
- All manner of tests S01
- Chest pains P01
- 'head squeezed by hand in chest' F01
- Valium P01
- Off Valium P07
- Expecting others P06
- Shakes S02
- Sleeps with phone in case needs to call police re dv above F12

- Anxiety in teaching S20
- Anxiety in group but doesn't need to suppress S20
- Anxiety re being with others S22
- Re Uni S33
- J and projectile vomiting J35
- Intrusion ----- sick all over the sofa P37
- Train alone P40
- Fear of losing group's good opinion J40
- Pregnancy fears S42
- Fears judgment from group and friends hate K42
- Exams K44
- What sort of vet he'll become K44
- Eating out S47
- Unable to get out the door; in shower 1 h P
- Didn't sleep before group; now not after either! P
- So ill with anxiety S58
- Nervous re presentation
- Anxiety and shaking means can't drink anything S59
- Manage group WR (?) S59 P59
- Landscaping work P59
- Unable to get on train P61

BRINGS

- Lots to talk about but can't S01
- Contamination fears S10
- 'Mad' stuff
- Alone a lot at uni S06
- Fear of losing group's opinion of him J40

DEPRESSION

- P
- Incapacitating K42
- No idea where it comes from K44
- Bf can't cope with it K44
- Versus anxiety S50

DREAMS

- S08
- Scary and disturbing S15
- Throwing poo A15
- J and iceberg P35
- Nightmare S41
- Nightmare re bf S42
- Vomit everywhere Av 47
- Fuck off! P52
- Av and P getting married Av 52

JUDGMENTS

- Dismissing those who struggle S06
- Judgment by group; hated by friends K42

ATTENDANCE

- Expecting others P06/07
- Apologies (work) Ni 06; Ni 09
- Unsure about; re break A14
- First and only member at start P16

- Apologies re not Av 25
- J challenged over P31
- P falling asleep ----dna P33
- F falling asleep --- dna F36

ABUSE

- Sexual (Ni 07; P)
- Bullying Av06
- Nicola N12
- With psychiatrist A18
- Bf urinates on her Av18
- Abusive but nice bf Av31
- Fa hitting mo Av 46
 - Addiction to painkillers P21

CO-THERAPISTS

- Suicidality S08
- Wants more from S21
- No Nick – better; less tensions
- F sitting in N's place F21
- Would N answer questions anyway? Av40
- S so much more at ease when no N S46
- Av mocks Nick's "phantasies" Av46
- New co-therapist S52
- K transference to K52
- Av likes/doesn't like Nick S (or Av?) 57
- S looking forward to new therapist S58
- Curiosity re MM leaving S59
- Suddenly negative feelings towards MM Av60

- K sits as far away as possible from Nick K60
- FAMILY**
- Removed from photos F10
 - Found box; has some good memories P9
 - Nasty with S23
 - Small family, anxieties passed around S48
 - Not able to share with K48
- UNI**
- Has to give up room cos brothers back from uni P50
 - Wishes he was there (?)
 - Lonely S06
 - Fed up with
- MOOD**
- Desp; useless P8
 - Very fed up; no sleep; future bleak P27
 - Disaffected S30
 - 'Floppy' J 35
 -
- EMPATHY**
- P with Franks re leaving? Learning P6
- CAN'T IMAGINE**
- No depression or worry P8
 - Getting all he needs from group J46
- CAN'T FACE**
- Meeting up with girl

- Thinking about end of group
- Quite seeing herself as someone with problems S

SEATING

- Same places S09
- New place P09
- Gender divides S 11
- Sitting in Nick's place F
- Sitting far away from N as possible K

CHALLENGE

- To P's lack of confidence S11
- S wants to challenge co-therapists S12
- Box of tissues on table S12
- Remarks re gender divide S11
- To group: why no one asking after her S19
- Nicola to Frank Ni23
- S wants more from group S24
- S to Averil re bf S31
- Nicola's challenge to Av Ni31
- S asks Frank how he thinks group can help S32
- S to Jason: re no relationship exp S32
- Jason to frank re dna J32
- A tells P home truths Av27
- Nicola to Averil re weight Ni33
- Jason to Peter re dna J33
- Group already full?! Ni36
- Jason to frank J36
- Jason to Nicola – if it had been his story...J 37
- Frank by group re statement re evil folk F38

- Jason to Frank re difficulty things J39
- Best thing for K is coming to group Ni...
- Nicola to J: uses questions defensively
- Jason tells Av: group disc her and want her to come more often J43
- S asks Jason where he's been S46
- S on Jason not needing group S46
- Serena to Frank (late) S46
- When is group ending? J 46
- Frank asks Serena why she singles him out F46
- Serena asks Frank what he's thinking S47
- Averil to Pete re cuts to arms Av48
- No regrets P 50
- Jason to Nicola re sex J 50
- Kris asks Nicola re resentment K52
- Kris feeling useless + stupid etc K55
- Frustration with group S 56
- Disagreement with P S57
- Pete to Nicola re coming wd've made her worse P59
- Does K have good reasons for thinking as he does? Ni..
- What does Group think? N59
- K silly not to go to Dr Ni 61
- {Thanks for challenge, Ni to P -Ni 50}
-

DISCHARGE

- T T11

FEELING UNWELL/ILLNESS

- | | |
|----------------|-------|
| - S S12 | - S18 |
| - All week S14 | - N16 |

- | | |
|--------------------|-------------------------|
| - Pelvic pains S20 | - S19 |
| - x | -P20 |
| - X | - Av 21; Av 31 |
| - X | - P37 |
| - X | - Flu J 46 |
| - X | - K serious illness K61 |

CROSSNESS/ANNOYANCE

- S, with box tissues
- From last week N12
- Irritated Av doesn't finish sentences Ni
- Frank angry after last week F24
- S re absent members S31
- Cross with girl ---- goes to sleep P31
- J annoyed didn't challenge Av J33
- Ni with treatment of K at college Ni42
- Av annoyed with J Av 44
-

PRESSURE

- To be nice S12

FIGURES IN GROUND

- Pete and painting P12

PHOTOGRAPHY

- Nude male Av11
- Nicola N12
- Averil....

TRAVEL

- India Av12
- Av43
- P42, and
- S 46
- Ni 52
- J 52

WHAT TO SAY

- Lots to say but doesn't Ni13
- Wants to say more Av (or S?) 13
- At 6 told her mother she didnt love her S13
- Prepared things to say but then couldn't K 52
 - Wanted to say: J wanted to tell Av to shut up! J31

HOW TO SAY

- You don't like em? Ni31

RESISTANCE

- P 13

RELIGION

- Bf family S14
- Meditation F14
- Family F 14
- Prayer meeting F14
- Church is not his F58

HURT

- Nothing anyone can say could hurt Ni12

PERVENSITY

- Bf liked it when I didn't function Av12

HOSTILITY

- Takes glasses off so can't see others' hostility F12
- Glasses off F25
- Altercation in library F21

PANIC ATTACKS

- Epic F12
- S20
- A+E with S
- Passes out P20

NORMALISING REMARKS

- Peter on Serena P14

WORKING

- Garden P18

VIOLENCE

- Domestic F12
- Serena fist in wall S15
- Riots as exciting F15
- Chuntering violent things F24
- "violence not always a bad thing" Av46
- Dv in flat below S59

CUTTING/SCARS

- Serena asks O re S14
- Sleeves to cover arms P14
- Averil ch P re Av 48

HYGIENE

- India A12

PREGNANCY

- S 19
- A19 Disgusting
- Av on S and fertility Av43
- [co-therapist session]

LOVE

- Told mother she didn't love her S13

DEATH

- Thinks about it but hates it S46
- Grandfa died; hated him S46
- Likes to think about it; helps make the most of things J46
- 100 years' time, we'll all be dead here S57
- Terrified of dying P58

BOREDOM

- F and college F15
- Difficulty after exams Ni39
- With boyfriend but why? S52
- Peter P60

COLLEGE

- Starting soon F15
- Induction F19
- Uni/doct S20
- End of exams Ni...
- Attendance good F4...
- Kris' treatment by college
- Wants to join Av 44
- Work and deadlines F46
- Fire alarm, exams, and let off etc F47
- Exams J50
- Postgrad Av 58
- Gets on postgrad Av 59
-

PLEASURE/NO PLEASURE

- Made fence; no pleasure P15

GUILT

- Jason re seeing Serena J34

COLOURS

- Drab S15
- All matching Av 15

WANTS HELP WITH/ASKS for

- Men Av 15
- New member S36

SOCIAL GROUPS

- Everyone happy in these F19
- Prefers smaller F20
- Enjoys F...

STATEMENTS

- "thinking and feeling are the same" Nic 21
- Clothes dictated by state of mind Ni23
- "It's good to talk" Nic31
- Av on P Av27
- Internet dating Ni36
- "Most people are evil" F38
- Pissed off re last week's session P40
- Last week's session important stuff S40
- Group tells F he's opened up F40
- How hard to get to know K Nic 41
- Feels dropped now no structure to days Nic42
- I learn something after each session J42
- "Violence not always a bad thing" Av 46
- I like to psychoanalyse everyone J46
- Last week was terrible P48
- No it wasn't, Ni 48
- £1k computer equipment; no more excuses F..
- Talking in group is incredibly hard J2
- Group has no shape for him J36
- Feels indifferent to group F36
- Av in a very muddled state K55
- Attacks on Nic S56 and Av 56

- Av realises she doesn't like Nicola Av58
- Feeling very lost now Nic 50
- Very moved by Averil and weight and K and self-esteem Nic 61
- Wanting to be understood but no wanting to have to make the effort Av58
- No hand to hold on to Av...
- Feeling good, so not coming so as not to spoil feelings F60
- Def wants to return in Sept K59
- Wondering about the point in coming K60
- Most times feels worse
- Prob insurmountable
- Feels it's a serious illness
- "All week... and nothing much to live for" P50
-

WASTING TIME

- Not revising Ni 21

AMUSEMENT

- F overhearing girls talking F21

PEOPLE

- Like/dislike S23

MEDICATION

- Off Valium P07
- Off antidepressants A23
- Beta Blockers S24
- Now on antidepressants F32
- GP says to increase meds F39
- Av wants to switch meds Av39

- [thyroid tests –ve S59]

JEALOUSY

- Others at uni P14

WORRY

- J worrying re everyone J28
- Av worries when everyone not present Av46

APPEARANCE

- Nicola and short skirt
- And dressed for going out
- S is grumpy
- Averil is all colours
- A and his shoes F32
- Jason slumped and piano-playing J31
- Nicola fed up Nic36
- Very short dress N 40
- Crucifix F 47

REPLAY DISASTER

- Serena S27
 - Horror: Helal and bleeding to death S29

REMARKS

- Nic: group already full N36
- Group has no shape for him J36
- Feels indifferent to group F36
- No point in starting course when will fail F39
- Oh full moon! Av 40
- Pissed off re last week's session P40
- Last week's session important stuff S40

- Group tells F he's opened up F40
- How hard to get to know K Nic 41
- Feels dropped now no structure to days Nic42
- Feels he has learned something after each session J42
- Likes to psychoanalyse everyone
- "All week... and nothing much to live for" P50
- P to Nic: No sex means I don't like you P50

VALENTINE

- Nicola Ni37

TRAUMA

- Frank and mugging F37 and F38

RESPONSIBILITY

- To come J 46

EYES

- Light in S48
- How is seem in other's S47
- Changes seat, light, eyes S59
- Av lumps in eyes Av60
- Sore eyes F60

END OF GROUP/LEAVING GROUP

- Jason
- S wants to stay to end
- Jason 52 – assumed group would end when term did ----guilt
- Nicola, is going abroad Ni 52

Table 3: Findings: Individual group members and aspects of maturational change

Group member	Baseline feeling states and symptoms	Reduced symptoms/better tolerance	Increase in reflective function	Increase in texture of relating	Increase in subjectivation, agency and more adult roles	Increase in self-acceptance
Serena	Academically very able and studying for DPhil, but anxiety and intense self-consciousness cripple social interactions, teaching and pleasure; can't eat in public; sex is fraught. Needs physio for constant muscle tension. Difficult being alone; intolerant of those who struggle; fear of upsetting group. Denial of upset re surgery – but group response. Reports nightmares.	20: Exp anxiety in group but ok as doesn't need to suppress it 45: symptoms still same but thinking has changed 46: Group has helped "enormously".	05: Group stirring things up; 05: aware of mother's disturbance; 07: seeing patterns and wondering why everything traced to childhood; fear of getting better; recognises parental mental illness now 09: feeling more aware; things changing 13: realises not better yet 15: realises not better yet 31: aware bf not good for her 33: aware of spoiling things.	05: wants better connection to father 10: tells group wants help with all her stuff 15: owns up to violent rows with bf 21: wants more from co-therapists 24: wants more from group – more emotional contact 36: thought about Peter in relation to her own diffs 40: compassionate towards Averil 42: missing Averil 46: getting to know herself better.	24: asks for more from group 31+ directly challenging to group members 45: chance to do research abroad but doesn't want to quit group 46: getting a lot of help from group; getting to know herself better 47: bf not right for her; considering better choice of boyfriends 52: wants a bf who is more enlivened 58: bf not right for her; manages 2h presentation away from usual university.	27: owns to catastrophizing 35: Doesn't like idea of herself as someone with problems; 36: never saw herself as someone w problems till now 45: has got a lot from group; she has changed.

Group member	Baseline feeling states and symptoms	Reduced symptoms/better tolerance	Increase in Reflective function	Increase in texture of relating	Increase in subjectivation, agency and more adult roles	Increase in self-acceptance
Peter	Extremely anxious, and depressed; can get severe chest pains; panic attacks. Very attached to being nice/same and a 'bridge'. History of self-harm. Tendency to collapsed state; stuck on threshold of later adolescence; incomplete A-levels; feels future bleak; feels abject failure - wh blocks relating; has insomnia; Valium needed to get to group; setting off ≈ sandstorm. Picked up projected abdom pain in group Destructive side: sms girl then rude to her; aborts birthday plans.	07: off Valium brings dreams 23: owns to eating better 38: less depressed 44: brings more dreams.	10: owns to having erected brick walls around things; intimidated by others' success 23: tries to engage Frank; reminds Nicola about her polka-dot dress.	19: tries to cheer Frank 42: feeling bad bec of Kris 44: sympathetic to Kris re depression 48: sympathises with Frank 50: helpful to Nicola re what to say to bf 52: engages Serena in talk re her bf 57: gets Frank to opt in for Sept 58 rescues Nicola; told by Serena that he's 'warmer' 59 solicitous to Kris.	58: talks of qualification in landscaping; alludes to current working for someone else other than parents.	

Group member	Baseline feeling states and symptoms	Reduced symptoms/better tolerance	Increase in Reflective function	Increase in texture of relating	Increase in subjectivation, agency and more adult roles	Increase in self-acceptance
Nicola	History of sexual abuse; depression masked behind exo-skeleton of self-reliance. Tangles of desire + unboundaried sexual encounters (eg, boss) mask fluctuating mood and suicidal ideations. Wears v short skirt initially. Somatisation, esp in response to stress (eg whole-body eczema).	05: Dresses more appropriately/less seductively (jeans) 38: reports feeling less depressed.	23: Realises was unaware of impact she has on others 50: Questions attitude to sex 52: Realises pattern – idealisation, attack and resentment 59: more aware of conflictual feelings; asking group for help.	19: shocked by Serena's surgery 23 : challenging of Frank's disdain; tells him effect on her 31: challenges what Averil does to herself 33 shocked by what Averil reports re her weight 41 Sensitive to new member Kris starting; endorses Jason's comments; understanding Averil better 46 supportive of Frank getting learning support at uni 61: moved by Kris and Averil.	50: owns ambivalence about current relationship and whether wanting relationship at all.	58: Acknowledges group criticism re aloofness; unpacks patterns of behaviour and relating.

Group member	Baseline feeling states and symptoms	Reduced symptoms/better tolerance	Increase in reflective function	Increase in texture of relating	Increase in subjectivation, agency and more adult roles	Increase in self-acceptance
Averil	Fluidity of boundaries owing to Borderline state create difficulties in many areas of functioning (eg abuse). Can be incoherent at times, and sentences not completed or laughed off; thinking can get v muddled; contamination fears. Much somatising; erratic attendance. Brings disturbing dreams.	23: reports off antidepressants 61: notes she has become more assertive and also expressing aggression, but also emotionally expressive; more 'depressive'.	05: previous group helped with parents – father bullying 10: shares Serena's extreme + contamination worries Reports on how she is viewed as fat at home 12: realises bf exploits her when she isn't functioning 43: shares anxieties and difficulties re long train journey 50 and 52: becomes aware of affect generated by interactions 56: symbolises ending.	27: tells Peter he's repressed 31: listens to the group challenging her about abusive bf and also her incoherence.	15: asks for help with relationships with men 36: discusses pros and cons of postgrad course 45: is accepted onto postgrad course at renowned London college.	45: acknowledges difficulties re communication.

Group member	Baseline feeling states and symptoms	Reduced symptoms/better tolerance	Increase in reflective function	Increase in texture of relating	Increase in subjectivation, agency and more adult roles	Increase in self-acceptance
Frank	Presents with wry contempt and aloofness; anorectic schizoid state; significant levels of anxiety + physical symptoms and panic attacks; can be incapacitated and then unable to go out; goes out without glasses so can't see and can't see others seeing him. Ostensible disinterest = defence against engagement. Powerfully aggressive but disowned and displaced (computer games) "chuntering".	5: nice girl in shop he talks to Not looked at girls in 10 years; beginning again 36: doing best since starting uni; goes in most days 36 Talking to others at uni; much group interaction which he likes 40 Group tell him he has opened up 43 : noticing feeling better 42: college more enjoyable; has attended everything; keen to move out of home 57: has passed his exams; feeling "very settled" in himself.	9: Discovers box pertaining to childhood: realises has some good memories 10: Discovers he is hidden in family photos.	2: Stated intent to make contact 19-21: can admit to better days in college and start of relational interactions with other students 47: engages with Serena when she asks him questions.	7: meeting w father not seen in 10 years 16: physically looking better 23: dressing better 36 thinking of moving out 38 keen to leave home 59 moving out of parental home after summer.	23: Unaware his hostility and disdain alienates others until this is shared with him 43: admits to tension re new member (J) starting 47: Admits cdnt bear to be disappointed re relationships 57: Elects to remain in group, returning in Sept.

Group Member	Baseline feeling states and symptoms	Reduced symptoms/better tolerance	Increase in reflective function	Increase in texture of relating	Increase in subjectivation, agency and more adult roles	Increase in self-acceptance
Jason (joined session 28)	Previous history of depression and symptom conversion. Anxiety prominent becoming incapacitating in social contexts w projectile vomiting. In group, initially, 'attack as best form of defence' quizzing other members to deflect attention away from own vulnerability.		50: aware he's had a lot of input and still has areas to work on (eg anxiety and nausea).	36/37: pulls members into contact asking challenging questions 40 : honesty in relating fear of losing group's opinion of him so holds back from sharing 43: pulls Averil and Nicola into contact; feeds back to Averil that the group spoke of her and want her to attend more 46: shares how he functions .	42: feels he learns something after every group session (unlike individual therapy, he says) 52: decides to put trip with gf before group – though also some guilt about this 55: asks group to keep a space for him for Sept.	

Group member	Baseline feeling states and symptoms	Reduced symptoms/better tolerance	Increase in reflective function	Increase in texture of relating	Increase in subjectivation, agency and more adult roles	Increase in self-acceptance
Kris (joined session 41)	Depression and hopelessness of longstanding; feels responsible for parental separation; feeling hated and scorned by friends; worried about what sort of professional he'll be; much shame and self-deprecation; quite detached.	52: feeling better about things.		57: Feels committed to group.	57: expresses definite intention to return in Sept.	

Table 4: Themes of group sessions in months 0-7 and 8-15

Themes 0-7 Months	Themes 8-15 months
1 Anxiety Referral process Empty chairs Symptoms – bodily, emotionally How to do this therapy? Medication Addiction Silence Symptoms bodily 2 Sameness; difference Gender Anxiety Things getting heated Throwing yourself into things Force Silence Making contact Hope and expectations Alcohol Friendship Depression 3 Presentation in Uni Study Uni Feeling worse	31 Dates for when N away Touching base Broaching and breaching Managing anger and disappointment Annoyance with absent members How to say: I don't want to be with you? Averil and self-negation Collusion with confusion 32 Challenge on absence Antidepressants Can group help? Medication for anxiety Deadlines Wanting to tell A to shut up How to talk about relationships when you haven't had one 33 No N Laughter and companionableness Keeping co-therapists separate Group wanting A to come every session, even if late Absence challenged Anxiety Spoiling Age What P does all day 35 Dream

<p> Boyfriends Parents Upsetting others in group Silence Not fitting in Sex and seduction Sexual identity 4 Sex Sexual exploitation Sexual encounter Intimacy and relationship Reactions to co-therapy comments Education 5 Insomnia Father Group stirring things up Mother Childhood Parents Sameness and difference Connections here Relationships 6 Anxiety Attendance Incapacitating anxiety Unable to go out – Sandstorm Not eating Being on your own School vs university Home life </p>	<p> Mixed week Realising if don't attend something is missed Prize-winning and envy Worry: inherited madness Separation from boyfriend Perceived as hypochondriac Not wanting to be seen as anxious Vomiting Flunking school Unavailable father 36 New member starting next week How full is Group? What's its capacity? What shape is Group? Someone always missing Being reminded of another member during week Socialising after Group Challenging absent members Doing better – it's the meds Indifference to Group Getting harder to attend Finding new problem every day Being criticised Group feels it's fragile College Asking Group for feedback Internet dating Aggressive father 37 Valentines Humour Sexual abuse Row with parents </p>
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<p>7</p> <p>Attending without medication</p> <p>Medication</p> <p>Anxiety - panic attacks</p> <p>Anxiety – feeling worse</p> <p>Seeing things/patterns not seen before</p> <p>Obsessive-compulsive disorder</p> <p>Childhood</p> <p>Fear of getting better</p> <p>University</p> <p>Voluntary job</p> <p>Absent father</p> <p>Mothers</p> <p>Mother’s suicidal state</p> <p>Sexual abuse</p> <p>Mood, fluctuating</p> <p>Suicidal thoughts</p> <p>8</p> <p>Dates for summer break</p> <p>Anxiety</p> <p>Empty chairs</p> <p>Anger</p> <p>Absence</p> <p>Failing school</p> <p>Fear of getting better</p> <p>Depression</p> <p>Anxiety and depression</p> <p>Disappointment</p> <p>Suicide</p> <p>When group finished</p> <p>Valium</p> <p>Dreams</p>	<p>Vomiting</p> <p>What new member means</p> <p>38 notes No N</p> <p>Feeling less down and no suicidality</p> <p>Helping people in public</p> <p>Witnessing assault</p> <p>Alcohol</p> <p>Leaving home</p> <p>Art school</p> <p>39 No N</p> <p>Medication - upping the dosage</p> <p>Medication – switching</p> <p>Post-exam slump</p> <p>Coursework – why bother</p> <p>Attempting difficult things</p> <p>Freelance photography</p> <p>Alcohol</p> <p>Abusive to boyfriend</p> <p>Meeting nice stranger</p> <p>Age</p> <p>40</p> <p>Questions of curiosity about where N had been</p> <p>Last week’s session</p> <p>Imploding aggression</p> <p>Opening up</p> <p>Intimacy</p> <p>Fear of group’s opinion</p> <p>Alcohol and behaving badly</p> <p>41</p> <p>New member joins</p> <p>Dates for Easter break</p> <p>Group feeling exposed</p> <p>How hard accommodating new member</p>
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<p>9</p> <p>Apologies/absence</p> <p>Falling to pieces</p> <p>Impact of things on group</p> <p>Suicide</p> <p>Worry</p> <p>Dreams – car crash</p> <p>Difficulty in attending</p> <p>Fear</p> <p>Risks with each other</p> <p>Children</p> <p>School</p> <p>Disclosure</p> <p>Good memories</p> <p>Bonds</p> <p>Person-/non-person</p> <p>10</p> <p>Intimidating friends</p> <p>Collapse</p> <p>Anxiety</p> <p>Empty chairs</p> <p>Lateness</p> <p>How to do this?</p> <p>More from co-therapists</p> <p>Being on your own</p> <p>Brick walls</p> <p>Mad stuff</p> <p>Psychotic parents</p> <p>Terrors</p> <p>Friendship</p> <p>Childhood</p> <p>Family</p>	<p>Interrogation</p> <p>Dream – nightmare</p> <p>Poltergeists</p> <p>42</p> <p>Depression</p> <p>Same college</p> <p>Betrayal</p> <p>Coming to group – right thing</p> <p>Absences</p> <p>Averil and illness</p> <p>Nightmares</p> <p>Fear of pregnancy</p> <p>Not sticking with emotionally difficult things</p> <p>Concern re impact each had on the other</p> <p>Structure-less days</p> <p>Hatred</p> <p>College better</p> <p>Moving out</p> <p>Learning something new each session</p> <p>43</p> <p>Feeling lost</p> <p>Looking for job</p> <p>Fearing group therapy would not work</p> <p>Feeling better</p> <p>Tackling Averil re missing sessions</p> <p>Feeling anxious and irritated</p> <p>Group struggling to work</p> <p>Saying/not saying</p> <p>Questioning defensively</p> <p>Feeling anxious and nauseous</p> <p>Vomiting</p> <p>Taking in others' experiences</p> <p>Disagreeing</p>
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<p>Worries taken seriously</p> <p>11</p> <p>Gender division</p> <p>Contact with girl</p> <p>Summer break</p> <p>Sex</p> <p>Nude photography</p> <p>12</p> <p>Fed-upness</p> <p>Anxiety</p> <p>Rowing neighbours</p> <p>Risk</p> <p>Figure-in-ground</p> <p>Not wanting to come</p> <p>Cross-ness</p> <p>Contamination fears</p> <p>Box of tissues as provocation</p> <p>Abusive boyfriends</p> <p>Holding back negative feelings</p> <p>Not seeing; not feeling</p> <p>13 not recorded</p> <p>14</p> <p>Awkwardness</p> <p>Illness</p> <p>Normalising</p> <p>Covering up/exposing scars</p> <p>Deliberate self harm</p> <p>Religion</p> <p>Needing sympathy</p> <p>Group patient</p> <p>Absent members</p> <p>Plans for summer</p> <p>Casual sex Summer break</p>	<p>Finding group very helpful Easter break</p> <p>44</p> <p>Stress and whole body eczema</p> <p>Girl-/boy-friends unable to cope with depression</p> <p>Family history and depression</p> <p>Difficult Easter break</p> <p>Feeling terror on holiday</p> <p>Dreams – aggressive</p> <p>Anger with co-therapists re break</p> <p>Keeping aggression out of group</p> <p>Questioning</p> <p>Studying something</p> <p>Applying yourself</p> <p>Struggling with interpersonal contact</p> <p>45</p> <p>Going abroad for research project</p> <p>Leaving group when getting so much out of it</p> <p>Making sense/not making sense</p> <p>Understanding family history links</p> <p>46 No N</p> <p>Challenging erratic attenders</p> <p>Concern when all not present</p> <p>Staying in group for another year – or not</p> <p>Having the flu</p> <p>Feeling responsible to group</p> <p>Wanting to know how everyone was</p> <p>Death</p> <p>Getting a lot out of group</p> <p>More anxious than before</p> <p>Grandfathers dying</p> <p>Family</p> <p>Sailing over the co-therapist</p> <p>Conflict exciting</p>
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<p>15 Summer – good; terrible Moving back home Dreams – vivid and scary Starting Uni Dreams – poo Manic excitement Riots Angry outbursts - fist in wall Averil as mad one 16,17,18 notes Focus Gardening Abusive boyfriend 19 All present for first time since summer break Uni induction Other students Anxiety Emergency surgery Terror Shock Pregnancy Pain killers Periods Aborting Loss 20 Post-grad Managing uni Pain (bodily) after last week Anger</p>	<p>Family physical abuse Telling people about group/therapy Matching shameful stories Getting very drunk Splitting the co-therapists 47 Dream – vomiting everywhere Full up with discomfiting experiences Fearing emotional vomit in group Gender divide Relationships: bearing exposure and disappointment 48 Not being able to get out the door Reprieve from exam Benefits test Gets stuck leaving for group; sits in shower for an hour Light in eyes Grandfather's funeral Families: size, what to share, religion Biting swiping aggression Creepiness Contamination fears 49 not recorded 50 Challenging another member Exams as reason for not attending Undermining attempts to stop smoking When to leave group? Still lots to work on Wishing not to get stirred up in group Insomnia increased Depression vs anxiety Challenging others</p>
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Pain Impact of last session Feeling sick Depression Panic attacks Pills A+E Passing out Education Depression and serotonin levels Mother – cruelty Anxiety Fear of future Fear of no future 21 no N Travel problems Not working at university Empty chairs Having the shits Photography Tensions gone Party Picking up man Current ID Laughing with others at university LGBT Hospital follow up Medication Painkillers Addiction Alcohol Silliness Betrayal by the body	Group going off-piste Sex, and resentments How to say: No sex now thankyou Sex: can't have it if think about it Sex as something in your head Intimacy in group? 51 not recorded 52 Dates for summer break – and also mm leaving + new co-therapist Sept What sort of group there'd be in Sept Research in department Job offer abroad Needing group/ not needing group Boyfriends Disaffection Idealisation and denigration Depression How hard to talk in Group Anorectic defences Reality check Dream – re commitment 53 Rapport Dreams from last session – pretend marriage Meze on dreams – eg group w no therapists Attacking Frank's aloofness and erratic attendance Group scapegoating Frank Wavering feelings about group Part of group or not? How to talk about group? Paper Fathers – unknown and ill and depressed
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<p>22 no record</p> <p>23 Fragmented exchange Being bothered Anxiety symptoms Coming to Group to check on others Not relating Being nice Feeling rejection Aggression Being nasty to family Fear of judgement How we present ourselves Wishing to be like another Clothes and getting noticed</p> <p>24 not recorded</p> <p>25 Lateness – not taken up Alcohol Sex – and illusion of sameness Gender divide Anger</p> <p>26 Xmas dates New patient joining No anxiety no interest re new patient Not wanting to talk Awkwardness Insomnia Future – v bleak Resisting engagement Aggression Catastrophising</p>	<p>54 not recorded</p> <p>55 Apologies Announcement: next week psychologist to talk about research project after session Jason: last group before Sept Keeping places open for September Absent member (Averil) creating disappointment Muddling and mad states of mind Childhood terrors Prayer Feeling useless and stupid Endings and leave-taking and death Resistance to links and linking</p> <p>56 Distress after previous sessions Alcohol Not wanting to face stuff about endings Groups at university Group and non-group days Not saying proper goodbyes Liking someone No sexuality except in clear zones</p> <p>57 Apologies – Nicola unwell Attacking Nicola – contributing less Who's here in September? Pinning Frank down: he's in Theft of ideas Church: own; mother's Losing friendship group at end of year re-shuffle Bitching about Nicola Passive-aggressiveness in group</p>
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Anxiety Working in another college's library 27 no record 28 strike 29 Relief everyone here Caring for others Using this group and other groups Back to this Group Crossness with co-therapists How to die: drugs, cutting, bleeding to death Worrying about everyone Phantasy vs reality 30 notes only; last before Xmas Tangles of desire Attraction and rejection Anti-group Disdain and rejection	Death Death and afterlife Comfort in those staying behind 100 years: we're all dead 58 Feeling very unwell Job in S America Fear of dead-end job Feeding back: Nicola aloof Feeling lonely and withdrawing; pushing people away Repeating pattern Group doing the same Anxiety so bad Wasting appointment hiding in toilets at GP surgery Accepting postgrad Boyfriend not right Dreams 59 Ending today? Ending not in mind Light in eyes Changing places N's phone Underlying worry re research Eyes – sore Thyroid problems Hate Own place/space Giving up place/place Moving out Violent neighbours Presentation good Accepting anxiety
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	<p>Checking group aware Serena away</p> <p>Goodbyes and thankyou</p> <p>6o only Kris attends</p> <p>61 last</p> <p>Guilt and confessions</p> <p>Maggots in carpet</p> <p>Playing around with meds</p> <p>Weight</p> <p>Alcohol</p> <p>Unable to get on train</p> <p>Boredom</p> <p>Biting aggression</p> <p>Struggling yet not bringing it to group</p> <p>Losing the point in coming</p> <p>Destructive enacting</p> <p>Not wanting to spoil things</p> <p>Dream – blindness</p> <p>Turning a blind eye</p> <p>Evading work</p> <p>Some things painful to hear</p> <p>Gaps between</p> <p>Negative feelings</p> <p>Self-diagnosing</p> <p>Splitting the co-therapists</p> <p>Not wanting to see we worked together</p> <p>Tears</p> <p>Losing contact.</p>
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